

## MEMBERSHIP APPLICATION

MEMBERSHIP INFORMATION: (PLEASE PRINT)
BUSINESS/ORGANIZATION NAME:
Number of Employees:
Contact Name(s):
Mailing Address:
Physical Address: (if different from mailing)
City: State: Zip:
Daytime Phone:
E-mail:
Website:
Annual Dues - Please check box
Industrial\$ 500.00
Commercial/Retail\$ 200.00
Non-Profit/Community Based Organization, Artists, Home-Based Business\$ 100.00
Payment Method:
(Preferred) pay online at:
WWW.MADISONHEIGHTSCHAMBER.COM OR
Return this form with a check made payable to: Madison Heights/Hazel Park Chamber of Commerce
Send check to: MHHPCC
300 W. 13 Mile Road • Madison Heichts, MI 48071 or
RETURN THIS FORM WITH YOUR CREDIT CARD INFORMATION BELOW:
Visa/MasterCard#
Expiration Date/Security Code://
Billing Address: