

The Greater
Durand Area
Chamber of Commerce

2018 – 2019 MEMBERSHIP APPLICATION

Business Name: _____

Owner/Manager:

Contact Person (if different): _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail and Website addresses: _____

Billing Address (if different): _____

Billing Contact Person (if different): _____

Brief description of your business/organization _____

Number of Employees: Full Time and Part Time: _____

Date Business Established: _____

Reason for joining: _____

Annual Rate

1 - 50 Employees \$250.00

50-100 Employees \$ 300.00

100 + Employees 450.00

Addl. Business* 60.00

Proprietor Only 90.00

Individuals** – 90.00

Non-Profits 150.00

*Under same ownership

**Non-business

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