

Edwardsburg Area Chamber Membership Application _____

***Please check one of the following:**

- \$95.00 BASIC MEMBERSHIP**- 4 yearly newsletters, membership directory, informational-monthly Chamber meetings, networking and website listing.
- \$145.00 PREFERRED MEMBERSHIP** –Basic plus... your business card in color advertising-in the newsletter and enhanced website listing.

*** This information will be used in the directory & website so please be very specific:**

1. What subject/title would you like your business listed under: Insurance, Investments, Realtors etc.?

2. Type of services you provide: _____

***Please print the following:**

Business Name: _____

*Business Owner: _____

Location of Business/Address: _____

City/State/Zip: _____

Telephone #: _____ Fax: _____

Email: _____

Web site: _____

Mailing/Address _____

City/State/Zip: _____

*Contact Person/Persons: _____

By signing this document I attest that I am an authorized representative of the applying business and that, if accepted into the Chamber, the business will conduct itself as a responsible business, community member, and in accordance with Chamber membership requirements.

Signature: _____ Date: _____

***Enclose check & application/payable to:** "Edwardsburg Area Chamber of Commerce"

Mailing address: P.O. Box 575 Edwardsburg, Michigan 49112

Location: Lower Level of GW Jones Bank, 69139 M-62 HWY, Edwardsburg

269-663-6344 • 1-800-942-8413 • Fax. 269-663-5344

Email: Administration@edwardsburg.biz Web site: www.edwardsburg.biz

Office Use only:

1. MAIL: TY RECEIPT EDWS-CH-STICK NEWSL M-DIRE CALENDAR

2. UPDATE: WEB-S EMAIL COPY TO-FINANCE M-LABELS MEM-DIRE NEWSL