



Howell Area
Chamber
of Commerce

Membership Application

Company Information

Company Name _____

Address _____ City _____ Zip _____

Phone _____ Fax _____ Website _____



_____ (Company Facebook)



_____ (Company Twitter)



_____ (Company Instagram)



_____ (Company LinkedIn)

Number of Employees _____ FT _____ PT Business Category _____

Number of Young Professionals _____ YPs Billing Address _____
(if different from above)

Primary Representative _____ Title _____
(Primary Contact for Chamber Communications)

Email _____

Billing Representative: _____ Title: _____

Statement Request: E-Mail Mail Email _____

No. of Employees	Annual dues	Reason(s) for Joining:	Interested in:
1-2	\$325	<input type="checkbox"/> Networking	<input type="checkbox"/> Volunteering
3-5	\$390	<input type="checkbox"/> Community Advocacy	<input type="checkbox"/> Joining a Committee
6-10	\$465	<input type="checkbox"/> Advertising	<input type="checkbox"/> Young Professional Engangement
11-20	\$545	<input type="checkbox"/> Advocate for business	Anything you'd like to know?
21-40	\$675	<input type="checkbox"/> Information / Educational opportunities	_____
41-60	\$800	<input type="checkbox"/> Other: _____	_____
61-90	\$950		_____
91-150	\$1100		_____
151-250	\$1200		_____

\$_____ Annual dues
+ \$35 (One Time Admin Fee)
\$_____ Total dues

Authorized Signature: _____

Card No. _____ - _____ - _____

Exp Date: ___/___/___ CCV: _____

Card Billing Address: _____



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Membership Application For Office Use Only

Join Date: ___/___/___

Date Rec'd: ___/___/___

Data Base Entry: ___/___/___

Cash CC EFT Check # _____

CM CA Login Level Enhanced Proof in CM

Invoice Renewal Activate Run Ck

Post Pmt Category



Welcome Email (JB)

Add to Groups:

Ambassador (DS)

New Member Kit (DS)

Welcome Card (Staff)

Social Media (SM)
