

Membership Application

(Please complete both pages of this application)

*If you would like to apply on line through our web site, please go to www.rivercountrychamber.com and click the green **JOIN US!** button on the top right side of the home screen.*

Business or Individual Name: _____

Contact Name: _____ Title: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Ext. _____ Fax: _____

Alt. Phone: _____ E-mail Address: _____

Website Address: _____

Number of Years in Business: _____ Anniversary Date: _____

How did you hear about the Chamber? _____

Best Method of Contact? Mail Email Business Phone Alt. Phone

Main Business Category (additional categories can be selected after joining):

- | | | | |
|---|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Retail | <input type="checkbox"/> Government | <input type="checkbox"/> Antiques |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Service | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Education |
| <input type="checkbox"/> Accommodations | <input type="checkbox"/> Organization | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Professional | <input type="checkbox"/> Other _____ | |

(Please Be Specific)

Please give a brief description specific to your business (Tell us what is unique about your business!)

Please email business logo in jpg or png format to the Chamber at director@rivercountrychamber.com

Please Select Membership Level

(See detailed Membership benefits and eligibility information included)

Platinum _____ Gold _____ Silver _____ Basic _____ Supporting _____

I hereby apply for membership in the River Country Chamber of Commerce of Newaygo County. Membership expires _____ (One year from start date).

Member's Signature: _____ Date: _____

Payment Options

ACH – Monthly payments drafted from member bank account *(please request form)*

Check - Payable to: **River Country Chamber of Commerce of Newaygo County**

Mailing Address: PO Box 181 Newaygo, MI 49337

Physical Address: 1 State Rd Stream Building, 2nd Floor Newaygo, MI 49337

Fax: 231-452-6512

Email: director@rivercountrychamber.com

Credit Card _____ Visa _____ MasterCard _____ Discover _____ American Express

Please fill out the following authorization form (information is not kept on file)

Name (on card): _____ Amount Authorized: \$ _____

Billing address for card holder if different _____

Card Number: _____ 3 digit code _____ Expiration: _____

I hereby authorize the River Country Chamber of Commerce of Newaygo County to charge my account for the above stated dollar amount.

Signature: _____ Date: _____

Please list any additional employees that would like to receive notices from the Chamber

Name & Position _____ Email _____

Include on website _____ Receive Chamber Emails _____

Name & Position _____ Email _____

Include on website _____ Receive Chamber Emails _____

Name & Position _____ Email _____

Include on website _____ Receive Chamber Emails _____

For Office use:
Membership renewal month _____

Web-Site _____ Welcome Package _____