

Application for Membership

Following the acceptance of your application by the Board of Directors, you will be immediately notified and become a part of the Eastpointe Area Chamber Of Commerce "Voice of Business" and will be entitled to all the benefits of membership in your member category.

Board of Directors: _____ Approval _____ Denial _____ Authorized By: _____

Business Name: _____

Business Owner: _____

Designated Representative: _____

Business Address: _____

Business Phone: _____

Business Fax: _____

E-Mail Address: _____ Web Page: _____

Service/Products: _____

Number of Employees: _____ Date Business Opened: _____ / _____

Reason for Joining the Chamber: (Check All That Apply)

- Community Support
- Networking/Marketing Opportunities
- Health Insurance
- Other: _____

Member to Member Benefit that you will offer: (If Applicable)

COST OF MEMBERSHIP: (Annual Investment)

Payable annually from the date of acceptance unless canceled in writing.

_____ \$250.00 - Cornerstone Member (25 or more employees) + \$30.00 One Time Registration Fee
Cornerston members will receive 10% off all Events

_____ \$175.00 - Business Member + \$30.00 One Time Registration Fee

_____ \$75.00 - Associate Member (Non-Profit Organization) + \$30.00 One Time Registration Fee

Payment Enclosed by: Check: _____

Charge: _____ - _____ - _____ - _____

_____ VISA _____ MASTER CARD Expiration Date: _____ / _____

Your Chamber Membership is an investment in your community. This investment, when reported as an ordinary or necessary business expense, is tax deductible.

Signature of Applicant _____ Title _____ Date _____

Signature of Designated Chamber representative _____ Date _____