



Chamber of Commerce
FOR THE SOUTH LYON AREA

MEMBERSHIP APPLICATION

Business / Organization Name _____

Physical Business Address _____

Primary Contact and Title _____

Telephone _____ Fax _____

E-mail _____ Website _____

Billing Contact and Address (if different) _____

Business Category (for directory & website listings) _____

Business Type -Sole Proprietor -Partnership -Corporation -Non-Profit -Other _____

Number of Full-Time Owners & Employees _____ Years in Operation _____

Note: two part-time = one full-time employee

MEMBERSHIP INVESTMENT

Dues are non-transferable and non-refundable. Please check all that apply:

- 1 - 4 employees \$ 195.00
- 5 - 10 employees \$ 275.00
- 11 - 20 employees \$ 325.00
- 21 - 49 employees \$ 335.00
- 50 - 99 employees \$ 345.00
- 100 + employees \$ 480.00
- Non-Profit Organization \$ 125.00
- 2nd Location (same TIF) \$ _____ 50% annual rate of primary

Total Dues _____ Payment Type: -Cash -Check -Visa -MasterCard -Amex

Credit Card Number: _____

Name of Cardholder _____ Exp _____ CRS _____

Address of Cardholder _____

Signature _____ Date _____