



APPLICATION FOR MEMBERSHIP INVESTMENT

Application is hereby made for a business investment in the Dearborn Chamber of Commerce.
This represents your share of the cost of growing Dearborn and its business.

Date _____ Start Date of Membership _____

Business Name _____

Contact Person(s) _____

Street Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-Mail _____ Web Site _____

Category (Yellow Pages listing) _____

Number of Employees _____ Date Business Established _____ SIC Code _____

*Annual Membership \$ _____

One time Fee \$25 \$ _____

Total Amount Enclosed \$ _____

Visa/MasterCard # _____ Expires _____
Discover/AMEX

Check enclosed

What do you expect from your Chamber membership?
(Check as many as apply)

- Save money on goods and services
- Network with other businesses
- Learn, or educate my staff
- Support the Dearborn business community
- Other _____

Contact Renee Aloe at (313) 584-6100 for a fee schedule