



PO Box 482 Colon, MI 49040

WWW.colonchamber.com

Membership Application

Business or Individual Name: _____

Contact Name: _____ **Title:** _____

Street Address _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address _____

City: _____ **State** _____ **Zip Code:** _____

Telephone: _____ **Ext.** _____ **Fax:** _____

Alt, Phone: _____ **E-mail address:** _____

Website: _____ **Facebook Link:** _____

Best Method of Contact: ___ Mail ___ Email ___ Business phone ___ Alt. Phone

Numbers of Years in Business: _____ **Anniversary Date:** _____

Type of Business: _____

Brief Description of your business and or services you or your Business provides _____

Dues \$50.00 (circle one)

Business Individual (non-profit groups, Churches)

I hereby apply for membership in the Colon Chamber of Commerce. Membership will be effective upon receipt of dues payment. Member ship shall be paid by April 30 expires the following year on March 31. The Chamber Membership Year shall run from April 1— March 31.

Member's Signature _____ **Date:** _____