

Membership Application :

Payable to

Greater Grandville Chamber of Commerce

Attn: Membership

PO Box 175, Grandville, MI 49468-0175 - *Mailing Address*

2905 Wilson Avenue, Suite 202A, Grandville, MI 49418 - *Physical Address*

Phone - (616) 531.8890 Fax: (616) 531.8896 www.grandvillechamber.org

Please attach a business card to the application.

2008 Investment Dues

Non - Profit Organization - \$125
Business 1 - 15 Employees - \$175
Business 16 - 49 Employees - \$190
Business 50-99 Employees - \$205
Business 100 + Employees - \$230

Organization Name _____ Year Business was Established : _____

Address: _____

Is this a minority - owned
business ?

City/State/Zip : _____

NO YES

Mailing Address: (If different than street address) _____

Is this a home based business NO YES

If yes,
Female ____
African American ____
Hispanic ____
Asian ____
Other _____

E-mail Address _____

(For chamber business only. Will not be printed or shared with others).

Web Site Address : www. _____

(Will be used as link on website and printed directory)

Main Telephone: _____ Fax: _____ Secondary Telephone: _____

(will be used on website & membership directory) (For chamber business only)

Business Classification - Print _____

(will be used in printed membership directory and on website, same category as Yellow Pages)

Number of Permanent full-time employees : _____ part time: _____

(when calculating dues 2 part time employees equal 1 full time employee)

Designated Primary Member : Name: _____ Title: _____

Preferred Method of Contact: ___ Phone ___ Email ___ Fax ___ Mail

As a courtesy , please send event information to these additional contacts - (These are done by way of e-mail only).

Contact: _____ Title _____ Email: _____

Contact: _____ Title _____ Email : _____

What are your primary reason for joining the Chamber. (check all that apply)

___ Professional Development (educational) ___ Networking Programs ___ Health Insurance (Priority Health)

___ Credibility ___ Community Involvement ___ TDS Reduced Member Rate

How did you learn about our chamber?

___ City of Grandville ___ Direct Mailing ___ Newsletter ___ Press Release ___ Chamber Event ___ Website
Member/Ambassador _____

___ Please sign me up for the free trial membership only. October - December, 2007.

___ Please sign me up for the free trial membership and enclosed is my check for membership for January - December, 2008.

___ Please sign me up for the free trial membership and invoice me at a later date for membership for January - December, 2008.

___ Please sign me up for the free trial membership and please contact me to pay by credit card for membership for Jan. -Dec., 2008.