



MEMBERSHIP APPLICATION

Please complete the following information and mail this application, with your check made payable to The Lowell Area Chamber of Commerce for membership investment:

The Lowell Area Chamber of Commerce · 113 Riverwalk Plaza, PO Box 224 · Lowell, MI 49331

Date: _____ Contact Person: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Web Page Address: **www.**_____

Member Category (see www.lowellchamber.org): _____

- Group Category: Shopping Arts, Culture & History Dining & Café Entertainment Lodging
- Golf Courses & Recreation Health & Well Being Business Services Parks & Campgrounds
- Realtor Home & Garden Churches Non-Profit Groups

Please write 2 to 3 sentences about your business, services, hours and days open, etc. (NOT TO EXCEED 255 Characters) This information will be used for the newsletter, website description area and inquiries about your business:

DUES STRUCTURE	
PLEASE CIRCLE AMOUNT	
Churches & Non-Profit Organizations	\$70.00
Professionals	\$150.00
Government Entities	\$205.00
Industrial / Manufacturers	
1 - 25 employees	\$120.00
26-75 employees	\$205.00
76 or more	\$310.00
Service & Retail	
1-5 employees	\$110.00
6-10 employees	\$150.00
11-25 employees	\$205.00
26 or more	\$310.00

THE CHAMBER INVOICES FOR DUES ANNUALLY IN JANUARY. WE ACCEPT CREDIT CARDS.