



Traverse City Area Chamber of Commerce "New Member/Renewal" Form



GENERAL INFORMATION

Company Name _____

Primary/Billing Contact/Title _____ / _____

Physical Address (City/State/Zip) _____

Mailing Address (City/State/Zip) _____

Phone _____ Website _____

Email _____



YOUR INVESTMENT

Membership Levels (one time \$25 on-boarding fee for new members)

- Network \$395 Executive \$795-\$2,499 Community Builder \$2,500-\$3,999 Leadership Circle \$4,000-\$7,499 Premium \$7,500+



PAYMENT INFORMATION

Payment Amount _____ Please note: Membership is a non-refundable annual commitment.

- Cash Check _____ Visa MC AMEX Discover ACH **Automatic Renewal**

- Monthly Automatic-Payment Plan (network level only, one year minimum commitment, CC or ACH only)

ACH Account Number _____ Routing Number (9 digits) _____

Credit Card Number _____ CVV/CVC _____ Exp. Date _____

Name _____ Signature _____

Please sign and email or mail this form with payment to:

info@tcchamber.org | Traverse City Area Chamber of Commerce, 202 E Grandview Pkwy, Traverse City, MI 49684



COMPANY INFORMATION

Number of Employees: Full-Time _____ Part-Time _____ Years in Business _____

Business Keywords for Web Search _____

Business Description _____

Reason(s) for joining the Traverse City Area Chamber of Commerce: Check all that apply.

- Networking Community Involvement Business Referrals Website Link
 Volunteer Opportunities Advocacy Other _____

How did you hear about the Chamber? _____

Thank you for joining the Traverse City Area Chamber of Commerce. We look forward to helping you accelerate your business success!