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MEMBERSHIP APPLICATION

*Invest today and put your business
in our 2021 publication!*

Join online at www.waterfordchamber.org

NEW MEMBER

2020/2021

\$225.00

Business Name _____

Street Address _____ Suite _____

City _____ State _____ Zip _____

Mailing Address (if different than above) _____

Phone _____ FAX _____ Other _____

Website _____

Primary Contact _____ Email _____

Secondary Contact _____ Email _____

Type of Industry (for directory index & website) subject to change _____ Year Established _____

Number of Employees: _____

Date _____ (This date will be your anniversary date)

New Member Fee: \$195 Plus one-time enrollment fee of \$30. TOTAL \$225.00

2nd Business Fee: \$100.00

No Refunds

NEW MEMBER - Charitable Organization (501-(C)3)

\$175.00

Anniversary Date _____ Dues Paid (Date) _____

Business Name _____

Street Address _____ Suite _____

City _____ State _____ Zip _____

Mailing Address (if different than above) _____

Phone _____ FAX _____ Other _____

Website _____

Primary Contact _____ Email _____

Secondary Contact _____ Email _____

Date _____ Year Established _____

PAYMENT METHOD

CHECK ENCLOSED _____

PAY BY CREDIT CARD _____

Name on Card _____ Visa _____ MasterCard _____ American Express _____

Account Number _____ Amount \$ _____

Expiration Date _____ V Code (3 Digits on Back of Card) ___ __ _

Signature _____ Date _____

_____ Yes, I would like to auto-renew my membership annually until further notice (renewal will be processed on your anniversary date)