



CASSOPOLIS/VANDALIA CHAMBER OF COMMERCE

MEMBERSHIP AGREEMENT

Company: _____ Year established: _____

Contact Name: _____

Position: _____ E-mail: _____

Street address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Phone: _____ Ext. _____ Cell: _____

Website: _____ Social Media: _____

Individuals within your organization are encouraged to participate in Chamber activities.

If you would like additional representatives from your organization to receive mailings, please provide that information below.

Name	Title	E-mail

Number of employees: Full time _____ Part-time _____ FTE _____

Please indicate type of business: _____

Please indicate your primary reason(s) for investing in the Chamber of Commerce:

What other businesses do you know that could benefit from Chamber membership?

MEMBERSHIP LEVEL

___ Individual - \$60 ___ Business - \$160

Please return your agreement with cash or check payment to:

Cassopolis/Vandalia Chamber of Commerce

PO Box 314

Cassopolis, MI 49031

Phone: 269.816.5626