



Canton Chamber of Commerce MEMBERSHIP APPLICATION

Business: _____ Contact Person: _____

Street Address _____ City _____ St _____ Zip _____

Business Phone: _____ Fax: _____

Website: _____ E-mail: _____

Referred By: _____

Business Category: _____ Number of Employees _____

Additional phone number (number will not be published) _____

Annual Membership: \$ _____ One-Time Application **\$25.00** TOTAL \$ _____

- Membership Applications will be processed upon payment of Application
- Please attach a business card with your application.
- Memberships are held in the name of the business/firm
- One person represents the business/firm, and that person is entitled to the vote.
- All memberships shall be continuous unless cancelled (a) in writing by the member, (b) by the Chamber for non-payment of dues, or (c) for non-compliance with Chamber policies.
- Membership Dues are non-refundable. Payable upon receipt.
- Memberships are billed annually. Dues must be paid within 90 days of billing or membership will be cancelled.
- Membership window decals are property of the Canton Chamber of Commerce and are required to be returned if membership is cancelled for any reason.
- Membership in the Canton Chamber of Commerce may be revoked according to the terms set forth in its by-laws.

**Canton Chamber of Commerce
2017 Dues Structure**

*Membership dues are billed annually on your anniversary date

General Membership Investment Levels

One Person/No Employees	\$219
2-10 employees	\$281
11-25 employees	\$332
26-75 employees	\$408
76-100 employees	\$459
101-150 employees	\$561
151-300 employees	\$704
301-500 employees	\$1173
500 + employees	\$1530
Extra Location	\$150
Hospitals	\$281 + \$4/bed

Associate Membership Levels (NON-VOTING)

Churches	\$200
Service Clubs	\$200
Non-business friends	\$200
Elementary & Secondary Schools	\$200

**Count 2 part time employees as 1 employee

PLEASE NOTE: You can also submit your payment online at cantonchamber.com simply click the "JOIN TODAY" button in the Quick Links section.

Payment Options

Cash _____ Check _____ Visa _____ MC _____ Discover _____

Card # _____ Card address if different from above _____

Exp. Date _____ Signature _____ Date _____

Canton Chamber of Commerce ♦ 45525 Hanford Rd., Canton, MI 48187 ♦ Fax: 734.453.4503 ♦ info@cantonchamber.com

Phone: 734.453.4040 ♦ www.cantonchamber.com