



17 S. Monroe Street ~ Rockford, MI 49341
Phone (616) 866-2000 ~ Fax (616) 866-2141
www.rockfordmichamber.com

MEMBERSHIP APPLICATION

INFORMATION

BUSINESS NAME: _____ Date Established: _____ # of Employees _____
CONTACT NAME: _____ TITLE: _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
EMAIL ADDRESS: _____ PHONE _____
WEB SITE ADDRESS: _____ FAX _____
HOURS OF OPERATION: _____
COMPANY DESCRIPTION: (100 words, or less)

INVOLVEMENT

EVENT VOLUNTEER: (please check any of the events below that you are interested in volunteering)

EXPO Start of Summer Golf Outing Harvest Festival Santa Parade

INVESTMENT

CHAMPIONSHIP LEVELS: Gold \$5,000 Silver \$2,500 Bronze \$1,000

PARTNERSHIP LEVELS: Premier \$450 Primary \$325. New Business (Start Up) \$175

Individual Business Partner \$175 Multi Location \$175 Non-Profit \$100 Individual Social \$50

PAYMENT: Check Credit Card or Please bill me in 4 equal installments in Dec. thru March

Visa MC Card # _____

3 Digit Code _____ Exp. Date _____

Name on Card _____

Billing Address _____

Date: _____ Signature: _____