



BUSINESS MEMBERSHIP APPLICATION

Please Check Membership Category

- Business Membership - \$195
- Non-Profit Membership - \$100
- Additional Business Membership - \$50 - for each added business

Please list business address as you would like it to appear in the Visitor's Guide and other resources.

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Contact Person (not listed): _____

Email Address (e-newsletter sign-up): _____

Website (if applicable): _____

Yes, I would like to participate in the member discount program. Please contact me with more information.

Preferred Business Category (Pick only **ONE** that best fits your business):

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting/Legal/Business Services | <input type="checkbox"/> Engineering/Manufacturing/Other Services | <input type="checkbox"/> Lodging/Travel/Transportation |
| <input type="checkbox"/> Adult Care | <input type="checkbox"/> Education/Daycare | <input type="checkbox"/> Pet Services |
| <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Real Estate/Leasing/Apartments |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Food/Dining/Spirits | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Churches | <input type="checkbox"/> Funeral Homes | <input type="checkbox"/> Salons/Spas/Cosmetics |
| <input type="checkbox"/> Charitable Service Organizations | <input type="checkbox"/> Health Care/Rehabilitation/Emergency | <input type="checkbox"/> Sports/Fitness/Recreation/Leisure |
| <input type="checkbox"/> Community Service Organizations | <input type="checkbox"/> Insurance | <input type="checkbox"/> Storage/Rental/Tents |
| <input type="checkbox"/> Construction/Home Improvement | <input type="checkbox"/> Landscaping/Lawn Care/Snow Removal | <input type="checkbox"/> Visitor Information |

I want to volunteer for Summer Festival Harvest Festival Candlewalk Other

Signed by: _____ Date: _____

Referred by: _____

Please make checks payable to Flushing Area Chamber of Commerce

105 E. Main St. • P.O. Box 44 • Flushing, MI 48433 • PH 810.659.4141 • FX 810.659.6964
info@flushingchamber.com • www.flushingchamber.com

CREDIT CARD INFORMATION:

Card Number: _____ Exp. Date: _____ Sec. Code: _____

Name on Card: _____ Signature: _____

Address (if different than above): _____

City: _____ St: _____ Zip: _____ Email: _____

