



INDIVIDUAL/FAMILY MEMBERSHIP APPLICATION

Membership Category
Individual/Family Membership - \$50

Please print the following information.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

I want to volunteer for ___ Summer Festival ___ Harvest Festival ___ Candlewalk ___ Other

Individual/Family Member Benefits

- Member to member discounts
- \$20 credit for each new member referral
- Receive our weekly e-newsletter via email
- Use of Chamber copier, fax, laminator, etc. for no or little cost
- Monthly member sponsored networking breakfast or luncheons
- Chamber Ambassador program
 - Meet at 8:45am in the Chamber office the third Thursday of the month
- Sponsorship and Committee/Volunteer involvement available during Chamber events
 - Event Sponsorship Opportunities
 - Event Committee meetings
- No Voting Rights for Individual/Family Memberships

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:

Name as Appears on Card: _____

Card Number: _____ Expiration Date: _____

Security Code: _____ Billing Address: _____

E-mail to send receipt: _____

