



Application for Membership

	Renewal	New Membe	ership	Date:
Business Name:				
Owner Name:		Manager Name (if o	different):	
Mailing Address:		Billing Address (if o	lifferent):	
Physical Address (if different):				
Email address for Chamber use:				
Second email address for Chamber us	se:			
Email address for Customer Inquiries	:			
Website:				
Phone:	Facebook:		Alternate p	hone:

Description:		
		se check all that apply:
Continental Breakfas Direct ORV/ATV Trail	st WaterfrontHo	ental/UseDining on location/walking distanceKitchenette t TubSaunaPoolInternet/WifiPets nobile Trail Access
,	llowing to determin	ne your dues amount: valent
and owner-operat	• •	
Number of rooms	/cabins/sites/units:	
Total employees + rooms = Base Rate		\$ find this number below for your corresponding base rate
f Adding Premium Membership:		<u>\$ 99</u>
BASE RATE	<u>SS</u> Femployees	Optional Membership Upgrade
1-5: 6-10: 11-25: 26-50: 51-100: 101+:	\$190 \$250 \$310 \$365 \$470 \$580	Premium Membership - Add \$99 to Base Rate (See membership packet for further information)
		s owned by the same individual(s) ase rate of \$175 each
	NEW MEM	MBERSHIP: \$165 for the first year
Total Dues: \$		
Please make checks	payable to: Greater M	lunising Bay Partnership for Commerce Development (GMBPCD)
Owner/Manager S	signature:	Date
3	<u></u>	Page 2

Help us promote what your business has to offer. Briefly describe your business and what you'd like potential customers to know about it (special events, amenities, unique qualities, etc.). Please use any

specific words that someone may use to Google your business and increase search capabilities.