

CARO CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Firm _____
 CEO/Manager/Owner _____
 Street Address _____ P.O. Box _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 # of Employees (full-time) _____ (part-time) _____
 Business Representative at Chamber Functions _____

 Signature _____
 Date _____
 Approved by _____

FAIR SHARE DUES SCHEDULE

- A. Advertising & Communications; Amusement & Entertainment; Automotive; Banks & Financial Institutions; Barber & Beauty Salons & Schools; Bed & Breakfasts; Business Schools; Cable TV Companies; Campgrounds; Colleges; Construction Companies; Credit Unions; Funeral Homes; Golf Courses; Hotels & Motels; Processors & Suppliers; Publishers & Printers; Restaurants; Retailers; Savings & Loans' Service-oriented Companies; Service Stations; Telephone & Telegraph Companies; Trailer Parks; Utility Companies, and Wholesales & Distributors:

EMPLOYEES	AMOUNT
1-10	\$160.00
11-20	185.00
21-30	210.00
31-50	235.00
51-70	260.00
71-100	310.00
+100	360.00

**Two part-time employees count as one full-time employee (Part-time defined as less than 25 hours per week).
 **Clinical Doctors working inside member hospitals: \$100.
 ***If one person owns more than one business, the additional business may join (with NO voting rights) for \$85.*

- B. Professional Companies, such as: Accountants, Architects; Attorneys; Dentists; Doctors; Engineers; Insurance Agents; Optometrists, and Realty & Real Estate; FIRM ONLY \$160.
 Plus: Each Professional Associate will pay \$85.
**In Professional firms, Professional Associates will have full voting rights and may hold office.*
- C. Non-Profit: Churches; Civic Organizations; Hospitals, and Public Schools: \$160
**Will have full voting rights and may hold office.*
- D. Individual (non-business) membership: \$110.
**Will have full voting rights and may hold office.*
- E. Associate membership (non-Caro address): \$85.
**Will have NO voting rights and MAY NOT hold office.*

MEMBER BUSINESS PROFILE

How long have you been in business? _____
 Type of Business _____
 Categories to list your business under _____

 Services offered _____

 Do you accept credit cards? _____
 If so, which ones? _____
 Can we refer newcomers? _____
 Employment inquiries? _____
 What is the demographic range of your business? (local, statewide, worldwide) _____

During certain times of the year, requests are made for membership lists. May we include your name on the list? _____

Are you interested in our Blue Cross/Blue Shield Program? _____

Business days and hours: _____

I/we wish to participate in the Chamber Bucks Program _____

I/we wish to offer Member-to-Member discounts _____

If so, describe the discount _____

Web address _____

E-mail address _____

Activities I'd like to help with: _____

RETURN TO:

CARO CHAMBER OF COMMERCE
 157 NORTH STATE STREET
 CARO, MI 48723

FAX: 989-673-2517