



300 Rodd Street, Suite 101
Midland, MI 48640
Phone: (989) 839-9901
Fax: (989) 835-3701
Email: chamber@macc.org
Online: www.macc.org

2012 Membership Application

Thank you for your interest in joining the Midland Area Chamber of Commerce. Your completion of this database input form is all you need to remit with your investment to activate your membership. You may fax, email, or mail this form to the chamber. You may also sign-up electronically at www.macc.org/join.

Data Input Form

Date _____

- New Member
- Reinstated Member

1. Company Name _____
 Physical Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Website _____
 Company E-mail (generic or main contact) _____

Is the Mailing and Billing Address the same as the Physical Address? Yes No

2. Main Contact (To receive correspondence) _____ Title _____
 Preferred name: (ex: Mike for Michael) _____
 Phone _____ Fax _____ Email _____

Preferred method of Communication: Please circle one.

Email U.S.Mail

3. Do any of the following special interest groups apply:

- Home Based
- Small Business (under 25 employees)
- Woman Owned

5. Are you interested in more information about:

- Relocation Inquiries from Public
- Sponsorship Investment Opportunities
- Website Advertising

4. Year business Began: _____

6. How many staff people do you normally employ?

Full time _____ Part time _____

6. Create a business description for our online directory. Please email long descriptions to ewehrwein@macc.org:

7. Business Categories (two provided free – categories should be how you would list yourself in the phone book)

- _____
- _____

8. **Annual dues may be tax deductible as an ordinary and necessary business expense.** The Omnibus Budget Reconciliation Act of 1993 requires us to notify you that an estimated 2% of your dues are spent on lobbying and not tax deductible. Dues paid to the Chamber are not a charitable tax deduction for federal income tax purposes. The Chamber is not a charity, but serves as an advocate for Midland businesses.

9. What are the top reasons you have chosen to invest in chamber membership? Click only those that apply.

- _____ Referral Services
- _____ Networking opportunities
- _____ Advertising/marketing opportunities
- _____ Ribbon cutting
- _____ Volunteer opportunities
- _____ Legislative & Political Action
- _____ Support of the chamber and its work
- _____ Medical insurance
- _____ Workers Compensation discount

10. Who referred you to Chamber Membership?

- Personally Initiated
- Member Business/Person _____
- Advertising/Social Media _____
- Other _____

Employee Based Investment Schedule **Annual Dues**

Part time staff is counted as 1/2 so 2 PT employees = 1 employee. Owners are counted as employees.

<input type="checkbox"/>	1-4	Employees	\$242
<input type="checkbox"/>	5-8	Employees	\$288
<input type="checkbox"/>	9-16	Employees	\$397
<input type="checkbox"/>	17-25	Employees	\$587
<input type="checkbox"/>	26-35	Employees	\$777
<input type="checkbox"/>	36-50	Employees	\$930
<input type="checkbox"/>	51-75	Employees	\$1172
<input type="checkbox"/>	Over 76 Employees		Negotiated
<input type="checkbox"/>	501C3 Non-Profit Organizations		\$242
<input type="checkbox"/>	Retired Individuals, Government Officials		\$78

Additional fees: New members are asked to remit a one time processing fee of \$40 for the first year.

Membership dues are payable annually, in advance. Membership is effective on the date payment is made, and will continue for a 12-month period. A check for the annual dues should be attached to this application.

- Dues submitted \$ _____
- Processing Fee (\$40 New Members) \$ _____

Optional Membership Enhancements

- Additional Categories - \$50 each \$ _____
- Membership Mail Labels - \$100 \$ _____
- Enhanced Website Listings -\$150 \$ _____

Optional Donation – Midland Blooms

- A onetime gift
- An annual gift \$25, \$50, \$100 or other amount \$ _____

Total Submitted \$ _____

Payment Method:

- Enclosed is my investment check.
- Please charge my dues to my:

____ VISA ____ MasterCard

Account Number: _____

Exp. Date: _____ V-Code: (on back of card) _____

Print Name as on card: _____

(Signature of representative making application)