

APPLICATION FOR MEMBERSHIP
BROOKLYN-IRISH HILLS CHAMBER OF COMMERCE

Business Name:

Name of Principal Owner(s):

Physical Address:

P.O. Box:

City, State, Zip Code:

Mailing Address (If different):

P.O. Box:

City, State, Zip Code:

Website Address:

Email Address:

Check if want private

Business Phone:

Fax Number:

Cell Phone:

Home Phone:

Name of Person to Receive Mail:

Type of Business:

Number of Employees: FULL-TIME:

PART-TIME:

Date Business Opened:

Reason for Joining the Chamber:

Referred By:

I/we hereby agree to support the program of the Brooklyn-Irish Hills Chamber of Commerce with an annual dues investment of \$_____ (please contact the Director for amount)

Signature: _____ Date: _____

Brooklyn-Irish Hills Chamber of Commerce
131 N. Main St., Brooklyn, MI 49230
Phone: (517) 592-8907

