



**GRATIOT AREA
CHAMBER OF COMMERCE**

Application for Membership

Name of Business: _____

Type of Business: _____

Primary Contact: _____ Date Business was Established: _____

Mailing Address: _____

Business Address (If Different): _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Human Resources Contact: _____

Contacts to List in Directory: _____

Tier Selection: _____

Signature

Date