



# Cassopolis • Vandalia Chamber of Commerce

## MEMBERSHIP AGREEMENT

Firm name \_\_\_\_\_ Year established \_\_\_\_\_

Designee: \_\_\_\_\_

Title \_\_\_\_\_ Preferred first name \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_ Website \_\_\_\_\_

Individuals from within your organization are encouraged to participate in Chamber activities. If you would like additional representatives from your organization to receive mailings, please provide that information in the spaces below. Please indicate if any addresses differ from the above information.

Name	Preferred Name	Title	Ext.	E-mail Address

Number of employees: Full time \_\_\_\_\_ Part-time \_\_\_\_\_ FTE \_\_\_\_\_

Please indicate type of business: \_\_\_\_\_

Please indicate your primary reason(s) for investing in the Chamber of Commerce:  
\_\_\_\_\_

What other businesses do you know that could benefit from Chamber membership?  
\_\_\_\_\_

### MEMBERSHIP INVESTMENT

\_\_\_\_ Individual or Family and Nonprofits \$ 40

\_\_\_\_ Businesses and Churches \$135

Please return your agreement and cash or check payment to:

Cassopolis/Vandalia Chamber of Commerce  
PO Box 314  
Cassopolis, MI 49031  
Phone: 269.816.5626