



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 \$ 50

____ Businesses and Churches \$150

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