



P.O. Box 137, 100 Main St., Ste. B
 East Jordan, Michigan 49727
 www.ejchamber.org

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An Invitation to Membership

This minimum dues schedule has been set up by several classifications to determine the most equitable investment of the Chamber. We welcome additional contributions.

SCHEDULE I

Hotels, Motels, Bed & Breakfasts

1-15 units or rooms	\$260
16-30	\$275
31-60	\$295
61-100	\$320
100+	\$350

SCHEDULE II

Professionals

	\$275
Plus \$70 per additional Associate and/or Partner	

SCHEDULE III

Financial Institutions

	\$490
\$25 per Million local assets Minimum investment.	

SCHEDULE IV

Municipalities & Utilities

Negotiated

SCHEDULE V

All Business Not Included in Prior Schedules and Apartments One Person Operation

Owner Only	\$220
Owner plus 1 Employee	\$220
Owner plus 2 Employees	\$220
Owner plus 3-10 Employees	\$275
Owner plus 11-20 Employees	\$340
Owner plus 21-50 Employees	\$510
Owner plus 51-100 Employees	\$725
Owner plus 101 + Employees	\$1025

SCHEDULE V (1/2)

All Business Not Included in Prior Schedules and Apartments

Owner plus 2 Employees	\$110
Owner plus 3-10 Employees	\$140
Owner plus 11-20 Employees	\$180
Owner plus 21-50 Employees	\$260
Owner plus 51-100 Employees	\$365
Owner plus 101 + Employees	\$515

SCHEDULE VI

Diversified

Individual membership	\$60
Non-Profit Organizations/Clubs/Churches	\$80

SCHEDULE VII

Non-Profit Organizations w/ paid Staff (1/2 of Schedule V)

Thank you for supporting your Chamber

EAST JORDAN AREA CHAMBER OF COMMERCE

This membership is tax deductible as a legitimate business expense and is not deductible as a charitable contribution.

* Part time employees shall be counted as one-half employee each.

Firm Name _____

Street Address _____

No. of Employees _____

City, State, Zip _____

Mailing Address _____

Phone _____ Fax _____

Our annual Chamber Investment is \$ _____

Website Address: _____

Classification of Business (Schedule I-VI) _____

Chief Executive or Main Representative _____

E-mail _____

Directory Category(s) _____

Description (Limit 255 Characters) _____

Card # _____

Exp. date ____ / ____

CVC code _____

Signed _____ Title _____ Date _____

Signature _____

- Check attached
- Please bill us
- Bill Visa/Mastercard