



P.O. Box 137, 100 Main St., Ste. B  
 East Jordan, Michigan 49727  
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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, Airbnbs Bed & Breakfasts

1-15 units or rooms	\$280
16-30	\$290
31-60	\$310
61-100	\$340
100+	\$370

### SCHEDULE II

#### Professionals

Plus \$75 per additional Associate and/or Partner	\$290
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### SCHEDULE III

#### Financial Institutions

\$25 per Million local assets Minimum investment.	\$515
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### SCHEDULE IV

#### Municipalities & Utilities

Negotiated

### SCHEDULE V

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

A. Owner Only	\$230
A. Owner plus 1 Employee	\$230
A. Owner plus 2 Employees	\$230
B. Owner plus 3-10 Employees	\$290
C. Owner plus 11-20 Employees	\$360
D. Owner plus 21-50 Employees	\$540
E. Owner plus 51-100 Employees	\$760
F. Owner plus 101 + Employees	\$1075

### SCHEDULE V (1/2)

#### All Business Not Included in Prior Schedules and Apartments

A. Owner plus 2 Employees	\$120
B. Owner plus 3-10 Employees	\$150
C. Owner plus 11-20 Employees	\$190
D. Owner plus 21-50 Employees	\$280
E. Owner plus 51-100 Employees	\$390
F. Owner plus 101 + Employees	\$540

### SCHEDULE VI

#### Diversified

Individual membership	\$ 75
Non-Profit Organizations./Clubs/Churches	\$100

### 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 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website Address: \_\_\_\_\_

Classification of Business (Schedule I-VI) \_\_\_\_\_

Chief Executive or Main Representative \_\_\_\_\_

E-mail \_\_\_\_\_

Directory Category(s) \_\_\_\_\_

Description (Limit 255 Characters) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

No. of Employees \_\_\_\_\_

Our annual Chamber Investment is \$ \_\_\_\_\_

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

Card # \_\_\_\_\_

Exp. date \_\_\_\_ / \_\_\_\_

CVC code \_\_\_\_\_

Signature \_\_\_\_\_