



Baraga County Chamber of Commerce



2022-2023 Membership Form

July 2022 through June 2023

Company, Organization or Individual: _____

Contact Person: _____ Date Business Established: _____

Address, City, ST ZIP: _____

Phone Number: _____ Email Address: _____

Website: _____ Are you interested in sponsorship? YES NO

Are you (or others at your business) interested in volunteering or serving on a Chamber committee?

YES NO If YES: Name: _____ Contact information: _____

- Type of Business/Organization : Advertising/Printing Art Automotive Bars
 Construction/Contracting Entertainment/Recreation Financial Gas Station
 Hair Care/Beauty Hardware/Sporting Goods Lodging/Motels Manufacturing
 Medical/Health Real Estate Restaurant Retail/Grocery Services Utilities
 OTHER (please specify) _____

Type of Membership:

- Individual \$85 Non-Profit \$85 Business Membership \$150
 Silver Membership \$500 Gold Membership \$1,000 Platinum Membership \$1,500
 Additional Business \$50 each: \$_____ New Start-up (contact Chamber)

Mail or drop off form and dues of \$_____ to:

Or pay online:

Baraga County Chamber of Commerce
1 N. Main Street
PO Box 122
L'Anse, MI 49946

https://bit.ly/3py3htC



If you have any questions, email: baragacountychamber@gmail.com or call 906.353.8808

Your Membership Benefit of joining the Baraga County Chamber of Commerce is an enhanced listing on our website www.keweenawbay.org. Please include a paragraph describing your business.

Four horizontal lines for providing a business description.

Additional Company / Organization: _____

Contact Person: _____ Date Business Established: _____

Address, City, ST ZIP: _____

Phone Number: _____ Email Address: _____

Website: _____ Volunteer / Committee Interest? YES NO

Preferred method of communication: Email Phone US Mail Facebook

Type of Business/Organization : Advertising/Printing Art Automotive Bars

Construction/Contracting Entertainment/Recreation Financial Gas Station

Hair Care/Beauty Hardware/Sporting Goods Lodging/Motels Manufacturing

Medical/Health Real Estate Restaurant Retail/Grocery Services Utilities

OTHER (please specify) _____

Please include a paragraph describing your business.

Additional Company / Organization: _____

Contact Person: _____ Date Business Established: _____

Address, City, ST ZIP: _____

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Type of Business/Organization : Advertising/Printing Art Automotive Bars

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Medical/Health Real Estate Restaurant Retail/Grocery Services Utilities

OTHER (please specify) _____

Please include a paragraph describing your business.
