



2024-2025 Membership Form

July 2024 through June 2025

BARAGA COUNTY CHAMBER OF COMMERCE

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/Personal/Non-Business/Non-Profit \$90 Business Membership \$175
 Silver Membership \$550 Gold Membership \$1,100 Platinum Membership \$1,650
 Additional Business \$50 each: \$_____ New Start-up (contact Chamber)

Please include a paragraph describing your business:

Mail or drop off form and dues of \$_____

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

Or pay online at
<https://bit.ly/3py3htC>

If you have any questions contact us at:
baragacountychamber@gmail.com or **906.353.8808**
Office hours Monday, Tuesday, Wednesday 9 AM to 3 PM.



Additional Business: _____

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) _____

Please include a paragraph describing your business:

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Contact Person: _____ Date Business Established: _____

Address, City, ST ZIP: _____

Phone Number: _____ Email Address: _____

Website: _____ Are you interested in sponsorship? YES NO

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

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