

2024-2025 Membership Form

July 2024 through June 2025

Company, Organization or Indivi	dual:	
Contact Person: Date Business Established:		ess Established:
Address, City, ST ZIP:		
hone Number: Email Address:		ress:
Website:	Are you interested in sponsorship? \square YES \square NO	
Are you (or others at your busine	ess) interested in volunteering o	or serving on a Chamber committee?
☐ YES ☐ NO If YES: Name: Contact information:		nformation:
Type of Business/Organization	$\mathbf{n}: \square$ Advertising/Printing \square	Art \square Automotive \square Bars
\square Construction/Contracting	\square Entertainment/Recreation	\square Financial \square Gas Station
☐ Hair Care/Beauty ☐ Hard	ware/Sporting Goods \Box Lodg	ging/Motels \square Manufacturing
☐ Medical/Health ☐ Real Es	tate 🗆 Restaurant 🗀 Reta	ail/Grocery \square Services \square Utilities
☐ OTHER (please specify)		
Type of Membership:		
\square Individual \$85	□ Non-Profit \$85	\square Business Membership \$150
\square Silver Membership \$500	\square Gold Membership \$1,000 \square Platinum Membership \$1,500	
\square Additional Business \$50 each: \$ \square New Start-up (contact		☐ New Start-up (contact Chamber)
Please include a paragraph descr	ribing your business:	
Mail or drop off forms and drop		
Mail or drop off form and dues	s of \$	

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

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.

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



Scan. Pay. Go.

Additional Business:		
Contact Person:	Date Business Established:	
Address, City, ST ZIP:		
Phone Number:	Email Address:	
Vebsite: Are you interested in sponsorship? \square YES		
Are you (or others at your business) interes	sted in volunteering or serving on a Chamber committee?	
☐ YES ☐ NO If YES: Name: Contact information:		
Type of Business/Organization : \square Adver	rtising/Printing \square Art \square Automotive \square Bars	
\square Construction/Contracting \square Entertai	nment/Recreation \square Financial \square Gas Station	
☐ Hair Care/Beauty ☐ Hardware/Sport	cing Goods \square Lodging/Motels \square Manufacturing	
\square Medical/Health \square Real Estate \square F	Restaurant \square Retail/Grocery \square Services \square Utilities	
☐ OTHER (please specify)		
Please include a paragraph describing your	business:	
Additional Business:		
Address, City, ST ZIP:	Date Business Established:	
	Number: Email Address: e: Are you interested in sponsorship? \(\sqrt{YES} \sqrt{N} \)	
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☐ YES ☐ NO If YES: Name: Contact information:		
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☐ Construction/Contracting ☐ Entertai		
,	ing Goods □ Lodging/Motels □ Manufacturing	
	Restaurant \square Retail/Grocery \square Services \square Utilities	
☐ OTHER (please specify)		
Please include a paragraph describing your		