KEWEENAW BAY AND BEYOND

BARAGA COUNTY CHAMBER OF COMMERCE

2026-2027 Membership Form

July 1, 2026 through June 30, 2027

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 : ☐ Accommodations ☐ Automotive ☐ Business Services

☐ Community Services & Organzations ☐ Construction & Contracting ☐ Education & Child Care

☐ Entertainment & Recreation ☐ Financial Services ☐ Food & Beverage ☐ Forestry

☐ Funeral Services ☐ Gas & Convenience Store ☐ Government ☐ Health Care ☐ Laundry

☐ Manufacturing ☐ Plumbing, Heating & Electrical ☐ Real Estate ☐ Retail ☐ 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: $_____*(reverse side of form)* ☐ New Start-up *(contact Chamber)*

Please include a paragraph describing your business:

_____

_____

_____

_____

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

Open Mondays, Tuesdays, Wednesdays
9:00 AM to 3:00 PM
(906) 353-8808
baragacountychamber@gmail.com

PAYMENT OPTIONS
You may remit your check directly to the Chamber office, or pay your membership dues securely online using your card or bank account through Zeffy.

https://www.zeffy.com/en-US/ticketing/baraga-county-chamber-of-commerce-membership

zeffy

- No transaction fees
- No account or download
- Optional donation to Zeffy *(be sure to adjustor remove your Zeffy donation at checkout)*

AUTOMATIC RENEWAL
You may automatically renew your membership through Zeffy. Should you choose to make a one-time payment, uncheck the auto-renew box at checkout. Contact the Chamber for other auto-renew options.

Please use back of form for additional businesses.

Additional Business: _____

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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☐ Manufacturing ☐ Plumbing, Heating & Electrical ☐ Real Estate ☐ Retail ☐ Utilities

☐ OTHER (please specify) _____

Please include a paragraph describing your business:

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Additional Business: _____

Contact Person: _____ Date Business Established: _____

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Website: _____ Are you interested in sponsorship? ☐ YES ☐ NO

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☐ OTHER (please specify) _____

Please include a paragraph describing your business:

_____

_____