



2026-2027 Membership Form

July 1, 2026 through June 30, 2027

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 : ☐ Accommodations ☐ Automotive ☐ Business Services

☐ Community Services & Organizations ☐ 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:

Mail or drop off form and dues of \$_____

Baraga County Chamber of Commerce

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.



Scan. Pay. Go.

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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Type of Business/Organization : ☐ Accommodations ☐ Automotive ☐ Business Services

☐ Community Services & Organizations ☐ 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) _____

Please include a paragraph describing your business:

Additional Business: _____

Contact Person: _____ Date Business Established: _____

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☐ OTHER (please specify) _____

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