



CLARKSTON  
CHAMBER  
OF  
COMMERCE

**Membership Application**

Business Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

Date Joined: \_\_\_\_\_ Dues: \_\_\_\_\_

Number of Employees (Full-Time Equivalent): \_\_\_\_\_

Membership Category: \_\_\_\_\_

Description of Business (25 words or less): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This application is for membership in the Clarkston Chamber of Commerce. This membership will be renewed for each year unless the undersigned give written notice 30 days prior to the billing date.