

IRONWOOD CHAMBER OF COMMERCE
2016 MEMBERSHIP APPLICATION & INVOICE

Date: _____ Business Name: _____

Contact Person(s): _____

Business Address: _____

Mailing Address: _____

Telephone: _____ Alternate Telephone: _____

Email Address: _____

Web Site Address: _____

FaceBook Site? (circle) YES NO FAX Number: _____

Circle the category(s) you want your business listed under: lodging, restaurant and bar, financial services, retail store, medical/dental, art/crafts, construction & building services; schools/churches, entertainment, manufacturing, real estate, computers/marketing, insurance/attorneys, tourism, other _____

Business description statement:

2016 MEMBERSHIP CATEGORIES:

Social membership for individuals-----\$30	Sole proprietorship [no employees] -----\$75
Non-profit business, 1 to 50 employees-----\$60	Business with 1-4 employees -----\$175
Non-profit business, more than 50 employees -----\$175	Business with 5-24 employees -----\$250
Second business ownership -----\$60	Business with more than 24 employees -----\$275

Membership contribution enclosed: _____ **Donation:** _____

RETURN FORM & CHECK TO: Ironwood Chamber of Commerce, P.O. Box 45, Ironwood, MI 49938