


Gratiot Area
Chamber of Commerce
Membership Application

Business Name:

Type of Business: **Date Business was Established:**

Mailing Address:

Business Address (if different):

Phone Number: **Fax Number:**

Email Address:

Website Address:

Number of Full Time Employees: **Number of Part Time Employees:**

Primary Contact Person:

Human Resources Contact:

Contact Person(s) to Receive Mail:

Contact(s) to List in Directory:

Please mail or fax application to:

Gratiot Area Chamber of Commerce
110 W. Superior Street
P.O. Box 516
Alma, MI 48801

Fax: (989) 463-6588

(SEND NO MONEY NOW. WE WILL CONTACT YOU.)