

Grand Marais Chamber of Commerce PO Box 139 Grand Marais, MI 49839 (906) 494-2447 www.grandmaraismichigan.com

Membership Form

Check one and fill in you Yearly Dues	r Company Nam							
Business/Organization N	ame:							
Please provide the follow Contact Name(s):	ing information:	•						
Business Address or Loc	ation:							
Mailing Address (if differ	rent):							
City and Zip Code:								
Telephone:	Fa	ax:			Other:			
E-mail:		7	Web A	ddress:	30	25		
Number of Employees:								
Business Classification:	Restaurant Tavern [Motel Hotel		Cottage Rentals		Church	
	Contractor		Grocery/ Retail	Gifts/	Cottage Industry		Government	
	Other (describe	e)						
What influenced your decision to join?								
What can the Chamber do	to help you?	-						
What can you offer to help	p the Chamber?							
Membership Dues: 1 y	vear Paid: \$50	0.00	☐ Che	eck #]	Date:	
Website Fees (if applica	ble): Link	to w	ebsite \$5	50.00 / ye	ear			
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Submit a completed application form for each business* along with your membership dues to:

Treasurer, Grand Marais Chamber of Commerce

PO Box 139 Grand Marais, MI 49839-0139

The Grand Marais Chamber of Commerce is dedicated to working with our members to promote and improve our community for our businesses, our residents, and our visitors.

^{*}If you have more than one business, please make copies of this form and complete one for each business.