

*Yale Area Chamber of Commerce*

Membership Application

\* (810) 387-YALE \* www.yalechamber.com \*

**Membership Type**

Business	
Business Associate	
Civic	

Please Return to

Yale Area Chamber Of Commerce  
 C/O Membership - Bob Kean  
 P.O. Box 59  
 Yale, MI 48097

Name \_\_\_\_\_  
 Business \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Date of Application \_\_\_\_\_  
 Dues Amount \_\_\_\_\_

Dues for the Chambers fiscal year, which is September 1st through August 31st are \$100.00.

Business Associate and Civic Memberships are \$25.00 each

***Pro-rated rates are for new members only!***

For More Information Please Call Bob Kean, (810) 387-2400

Thank you for Joining the Yale Area Chamber of Commerce

We are Happy to have you join us in promoting and supporting the Community of Yale

FOR INTERNAL USE ONLY

Check #	Total Received
Date Received	Received By

*Yale Area Chamber of Commerce*

Website Information Form

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_  
 Email \_\_\_\_\_

Day Open M \_\_\_ T \_\_\_ W \_\_\_ T \_\_\_ F \_\_\_ S \_\_\_ S \_\_\_  
 Hours


(General)  
 (Summer)  
 (Winter)

*FOR SPECIAL HOURS*

Please Indicate specific days if days are also changed by your seasonal hours.

Description / About Your Business \_\_\_\_\_  
 Chamber Member Since \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Photo(s) & Other Items For Your Page  
 Building \_\_\_ Staff \_\_\_ Logos \_\_\_ Signs \_\_\_ Video \_\_\_ Menus \_\_\_

I the undersigned do hereby state that all information provided is mine to give, or am authorized to use another's copyrighted materials. And hereby release the Yale Area Chamber of Commerce from any legal liability from the use of the item(s) I have provided, or from any inaccurate information provided. I understand that I will be given an opportunity to revise or edit my information once every six months, unless a more frequent schedule has been agreed upon prior to signing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR INTERNAL USE ONLY	
Visited / Contacted on	Updated / Received on
Visited / Contacted By	Updated / Received By