



Inkster Chamber of Commerce Application for Membership

Date: _____

Business/Organization/Individual Name: _____

Type of Business: _____

Owner/Manager: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Business Phone: _____ Cell: _____ Fax: _____

Reason for joining the Inkster Chamber of Commerce?

Who referred you to the Inkster Chamber of Commerce? _____

Committee on which you'd be willing to serve? (Committees meet either monthly or bimonthly)

___ Benefits ___ Communications ___ Membership Recruitment ___ Programs ___ Calendar

Annual Membership Dues

Business, Professional or Industrial*

1-5 Employees	New: _____	Renewal: _____	
6-10 Employees	\$95.00		
11-25 Employees	\$145.00	New Application Fee: \$25.00	
26-50 Employees	\$170.00	Annual Dues: \$ _____	
51 or More Employees	\$195.00	Total: \$ _____	
	\$270.00		

Individual Membership (non-business)

Clubs/Non-profit Organizations

\$35.00
\$75.00

Please make check payable to:

Inkster Chamber of Commerce

P.O. Box 596

Inkster, MI 48141

Phone: 313/300-1057

*Dues are based on the number of full-time employees

(2 part-time employees count as 1 full-time employee)

****Please include a copy of your Logo****

Card # _____ (Circle One) American Express Visa Master Card Discover Debit
CCV#(3/4 digits) _____ Exp Date _____

CC Billing Address _____ City _____ State _____ Zip Code _____
(if different than above)

Pay to PayPal at: inksterchamberofcommerce@gmail.com

cashapp: \$InksterChamber / Zelle 313 300-1057

www.inksterchamber.com

EIN: 38-3598729