



MANCELONA REGIONAL CHAMBER OF COMMERCE

Business Profile Form | PO Box 558 | Mancelona MI 49659 231) 587 5500
info@mancelonachamber.org

BUSINESS INFORMATION:

Business Name: _____ Year Established _____

Attn. [Your Name] _____

PHYSICAL ADDRESS:

This address is published on the Chamber website:

MAILING ADDRESS:

*This address is **not** published unless it is the same as your physical address.*

PHONE NUMBERS:

WEBSITE & EMAIL ADDRESS:

Website: _____ Email: _____

We will send our e-newsletter to the email address on file. If you do not want address published on Website, circle me.

NATURE OF BUSINESS & PRODUCTS/SERVICES:

Business Type: _____

DUES PAYABLE

(January 1 through December 31) \$100

Option: To have your business card on home page of Chamber website, **please add** 15

RETURN THIS ENTIRE FORM with your dues to address above. It will be kept in THE REFERRAL FILE.

BELOW THIS LINE IS FOR CHAMBER USE ONLY:

Dues: \$ _____ Biz Card: \$ _____ Check # _____ Date: _____

DB _____ SOBI _____ EM _____ CC _____ BIZ _____ EXPIRES: _____