

HURON CHAMBER OF COMMERCE

Membership Application

Date: _____

Business Name: _____

of Employees: _____

Member Name: _____

Title: _____

Name of Designated Contact (if other than member): _____

Company service/product: _____

Address : _____

City: _____ State: _____ Zip Code: _____

Work Phone: () _____ E-Mail: _____

Fax #: () _____ Web Site: _____

Please enclose company business card for our files.

Are you currently utilizing our discounted Anthem Health Insurance program? _____

Annual Membership Fee: \$ _____
New Member One Time Application Fee: \$ **15.00**
Check # _____ Total Amount Due/Paid: \$ _____

Member Signature: _____ Date: _____

Solicitor Signature: _____ Date: _____

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Annual Membership Dues Schedule (Updated January 2011)

| Category | # of employees | Schedule 1 | Schedule 2 | Schedule 3 |
|----------|----------------|------------|------------|------------|
| A | 1 - 11 | \$ 200 | \$150 | \$ 80 |
| B | 12 - 49 | \$275 | \$200 | \$ 80 |
| C | over 50 | \$ 425 | \$325 | \$ 80 |

Schedule 1: Industrial/Manufacturing, Financial, Utilities

Schedule 2: Food Service, Marina, Lodging, Broker, Insurance, Professional, Retail, Wholesale, Service, Automotive

Schedule 3: Associate, Civic Groups, Community Service, Education, Religious, Individual

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