

(please print)



## Marshall Chamber Membership Contact Information

Complete Business Name \_\_\_\_\_

Address of Business Location _____	City _____	State _____	Zip _____
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Billing Address (if different than location address) _____	City _____	State _____	Zip _____
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Phone Number to appear on website and in CRG phone book \_\_\_\_\_

Primary Contact Person _____	Email _____
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Secondary Contact Person _____	Email _____
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Business Web Address \_\_\_\_\_

Address Links for all Business Social Media: \_\_\_\_\_

Total Local Employment: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Describe your business/services as it should appear on our website (Use complete sentences): \_\_\_\_\_

I would like to accept Marshall Bucks (please initial): \_\_\_\_\_ yes \_\_\_\_\_ no

If you offer meeting/banquet space to the public, what is the range you can accommodate? \_\_\_\_\_

I wish to receive the weekly email newsletter to be sent to the following email (initial agreement): \_\_\_\_\_

I give permission for other Marshall Chamber members to have access to my email (initial agreement): \_\_\_\_\_

**As a Marshall Chamber member, you receive an enhanced listing on the MAEDA website which may include up to 10 pictures and one video (hosted by YouTube or Vimeo). Email your high-resolution jpeg pictures and video (must be hosted by YouTube or Vimeo) to Jane Reid at jreid@marshallaeda.org.**

The undersigned hereby subscribes to membership in the Marshall Area Economic Development Alliance and agrees to pay the annual business investment in the amount of \$ \_\_\_\_\_ for the fiscal year, July 1 – June 30. Payments made to MAEDA are not a charitable deduction for tax purposes.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date