

(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