



Chamber Membership Contact Information *(please print)*

Complete Business Name _____

Address of Business Location _____ City _____ State _____ ZIP _____

Billing Address (if different than location address) _____ City _____ State _____ ZIP _____

Phone Number to appear on website and in CRG phone book _____

Primary Contact Person _____ Email _____

Secondary Contact Person _____ Email _____

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 Chamber 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 Choose 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 Kierith Kurth at kierith@choosemarshall.com.

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.

Signature of Applicant _____