



P.O. Box 121, St. Clair, MI 48079  
810-329-2962

Email: [stclairchambermi@gmail.com](mailto:stclairchambermi@gmail.com)

## 2026 Membership Application

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing/Billing Address \_\_\_\_\_

Location Address if different from above \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

## Membership Investment

- Business with 26 or more employees - \$375
- Business with 11 – 25 employees - \$275
- Business with 2 – 10 employees - \$175
- Independent contractor, individual, no employees - \$125
- Schools, Government, Churches, & Non-Profits - \$85

### Select Business Type

- |   |  |
|---|--|
| <input type="checkbox"/> Automotive                                   | <input type="checkbox"/> Real Estate Services, Housing & Rentals |
| <input type="checkbox"/> Banking/Mortgage                             | <input type="checkbox"/> Government & Education                  |
| <input type="checkbox"/> Medical                                      | <input type="checkbox"/> Recreation & Fitness                    |
| <input type="checkbox"/> Building Services, Contracting & Landscaping | <input type="checkbox"/> Restaurants, Hotels & Inns              |
| <input type="checkbox"/> Non-Profit                                   | <input type="checkbox"/> Industrial Manufacturing                |
| <input type="checkbox"/> Church                                       | <input type="checkbox"/> Retailer                                |
| <input type="checkbox"/> Personal Services                            | <input type="checkbox"/> Insurance                               |
| <input type="checkbox"/> Financial, Accounting & Legal                | <input type="checkbox"/> Other _____                             |

### Payment Method

Please make checks payable to: **St. Clair Chamber of Commerce, PO Box 121, St. Clair, MI 48079**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please charge my card:  VISA  MasterCard  American Express  Discover

Name on Card: \_\_\_\_\_

CC #: \_\_\_\_\_ Exp. Date \_\_/\_\_/\_\_\_\_ CVV: \_\_\_\_\_

**Annual Membership Jan 1, 2026, through December 31<sup>st</sup>, 2026**