



**Wyoming-Kentwood Area
Chamber of Commerce**
Application for Chamber Membership
Please complete all requested information

YOUR BUSINESS INFORMATION:

Business Name: _____ **Decision Maker/Title:** _____

Physical Address: _____ **Address 2:** _____

City, State, Zip: _____

Mailing Address: (If different): _____ **Address 2:** _____

City, State, Zip: _____

Primary Phone: _____ **Alternate Phone:** _____ **Fax:** _____

Toll-Free Phone: _____ **Cell Phone:** _____

Email Address: _____ **Web Address:** _____

Primary Contact Person: _____ **Title:** _____

Direct Phone: _____ **Email Address:** _____

Contact Preference (please check one): Phone Fax US Mail eMail

Secondary Representative _____ **Title** _____

Check if all Contact Information is the same as above.

Contact Preference (please check one): Phone Fax US Mail eMail

Direct Phone: _____ **Cell Phone:** _____ **Email Address:** _____

(You can list multiple Secondary Contacts in an e-mail to sue@southkent.org)

Type of Business: (please check one): Corp LLC LLP Partnership Sole Proprietor PC PLLC Other _____
 Non-Profit 501(c)3, Non-Profit 501(c)6, Education, Family-Owned

Keywords or phrases that describe your product(s) or service(s)

Reason for joining: _____ **Number of Employees** _____ **Full Time** _____ **Part Time** _____

We accept your invitation to membership and by signing below, subscribe to the objectives of the Wyoming-Kentwood Area Chamber of Commerce. Membership becomes effective upon the payment of dues and the approval of the Board of Directors. Dues in the Chamber are not tax deductible as a charitable expense; however, they may be deductible as an ordinary business expense. (Please consult your tax advisor for your particular situation.)

Signature: _____ **Date:** _____

Chamber Representative: _____ **Referred by:** _____

PAYMENT INFORMATION:

Payment is enclosed Credit Card Other _____ **Credit Card Information: Check one:** Visa MasterCard

Card Number: _____

Exp. Date: _____ **CCID:** _____

Name and Address on Card: _____

Signature: _____

(of Card Holder or authorized representative)

NOTES (Office Use Only): **Payment Received:**

Date _____ **Payment Type** _____

Amount _____ **Chamber Rep receiving payment:** _____

Questions? Contact ken@southkent.org or call 616-531-5990, fax 616-531-0252
Make Checks payable to WKACC — Mailing Address: 921 47th St SE, Wyoming MI 49509