

GOODRICH / ATLAS CHAMBER OF COMMERCE
Application for Membership – Non Profit Organization

Date of Application/Renewal: _____

Name of Organization: _____

Address: _____ Telephone: _____

_____ Fax: _____

Website: _____ Email: _____

Type of Organization: _____

President / Chairperson: _____

Alternate Representative: _____

*****No Annual Fee for Non- Profit and/or Volunteer Organizations*****

As a member of the Goodrich / Atlas Chamber of Commerce, you are encouraged to participate in a variety of activities. Our goals include the promotion of our organization and our business community. We want to encourage residents to utilize our local businesses, as well as promote Goodrich / Atlas businesses outside of our community.

In which areas are you willing to contribute?

- _____ Budget and Finance
- _____ Membership
- _____ Special Events
- _____ Community Image Improvement
- _____ Other (please specify) _____

At times our activities may require the use of information about the members of our organization. We would appreciate your permission to publicize certain data that you supply us. Please complete the following and sign the release included below:

Date Business Was Established: _____

Number of Employees: _____

I hereby grant permission to the Goodrich / Atlas Chamber of Commerce to publish the above information as part of their promotional efforts.

(please sign here)

*Membership dues to the Chamber of Commerce may be tax deductible as an ordinary and necessary business expense.

*Dues paid to the Chamber are not a charitable tax deduction for Federal Income Tax purposes.

*The Chamber is not a charity, but serves as an advocate organization for area businesses.

PLEASE MAIL COMPLETED APPLICATION AND DUES TO: PO BOX 463
GOODRICH, MI 48438