

Canton Chamber Connect Application

Your Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Primary Business: _____

Secondary Business: _____

Other groups in which you hold membership: _____

I have read the group guidelines and agree to adhere to the rules appointed by CCC and the chairperson and vice chairperson of the Chamber Connect group. I understand this group may be dismantled anytime at the discretion of the CCC. I further understand my primary business category may be adjusted (by the chair, vice chair or the CCC representative) should there be a need to make a change at any time.

Payment by check, credit card, or cash

Circle which payment plan:

Cash

Check check #: _____

Credit Card type: MasterCard VISA American Express

Credit Card #: _____ exp. date: _____

Signature: _____ date: _____

Approved by committee: Yes No reason _____

Date of approval: _____

Routing Procedure: Applicant completes Chamber Connect application at Chamber Connect meeting and submits NON REFUNDABLE \$50 fee to Membership Chair. Membership Chair presents application to the members of the Chamber Connect and members vote on the application prior to the next scheduled meeting. After the voting process, the applicant is notified as to the decision of group. If accepted, the application is forwarded to the Canton Chamber of Commerce for processing of fee and applicant is notified by Membership Chair that he or she is now a member of the group. If denied, application and fee is returned to applicant. The Canton Chamber of Commerce retains original accepted applications.

If application is to be submitted at a later date, mail application and fee to: Canton Chamber Connect, Attn Jana, 45525 Hanford Road, Canton, MI 48187