



**2018**  
**GRAND RAPIDS AREA CHAMBER OF COMMERCE**  
**MEMBERSHIP APPLICATION**

\_\_\_\_ RENEWAL MEMBER      \_\_\_\_ NEW MEMBER

***Contact Information (if renewal, complete only information that needs updated)***

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Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

***Business Information for inclusion on promotional materials (Optional)***

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Description of business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Year Business Established: \_\_\_\_\_  
 Hours of Operation: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Social Media: \_\_\_\_\_

***Opportunities***

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I'd be interested in helping with:      \_\_\_\_ Spring Fling      \_\_\_\_ Rapids Rally by the River  
     \_\_\_\_ Christmas Open House      \_\_\_\_ Light Up the Night  
     \_\_\_\_ Other opportunities

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Please return this application along with check for membership investment of \$50 payable to:

**GRAND RAPIDS AREA CHAMBER OF COMMERCE**

**MAIL TO:**  
 GRACC  
 PO Box 391  
 Grand Rapids, Ohio 43522

**HAND DELIVER TO:**  
 MILLER INSURANCE AGENCY  
 24232 W. Second St.  
 Grand Rapids, OH 43522

**Membership Renewal Due by April 1, 2018**

***THANK YOU for investing in YOUR business and YOUR community!***