

PO Box 482 Colon, MI 49040

www.colonchamber.com

2023 Membership Application

Contact Name:		Title:
Street Address:		
City:	State:	Zip Code:
Mailing Address:_		
		Zip Code:
Telephone:	Ext	Fax:
Alt. Phone:	E-mail add	ress:
Website:	Facebool	k Link:
Numbers of Years	in Business:**An	niversary Date:
Type of Business:		
Non-Business Member		usiness and/or services you provide. you are interested in being a part of (i.e. 4th

We Welcome Individual & Family Memberships

I hereby apply for membership in the Colon Chamber of Commerce. Membership will be effective upon receipt of dues payment. Membership Application & Dues should be received by 4/30/2023. The Membership Year ends March 31, 2023.

Member's Signature	Date:
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