



# Tecumseh Area Chamber of Commerce

132 W. Chicago Blvd.  
Tecumseh, MI 49286  
517-423-3740  
517-423-5748 fax  
chamber@tecumsehchamber.org  
www.tecumsehchamber.org

## Member Application

Business/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ No. of employees: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Signature: \_\_\_\_\_

I would like more information on the Chamber Ambassador Program

Please give a brief description about your product or services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Our Mission

*Our mission is to promote and enhance professional and business interests and to increase the general welfare and prosperity of the Tecumseh Area.*

### Payment Options

Full yearly payment by cash, check or credit card.

Quarterly payments of \_\_\_\_\_ by check. I agree to make four quarterly payments of my membership dues to TACC on January 1, April 1, July 1, and October 1.

Signature: \_\_\_\_\_

Quarterly payments of \_\_\_\_\_ by credit card. I authorize TACC to charge my credit card for my quarterly payment of my membership dues on January 1, April 1, July 1 and October 1.

Signature: \_\_\_\_\_

RC \_\_\_\_\_

MR

QB

CC