



Membership Application

Name of Business/Individual _____ Date _____

Location _____ Mailing Address _____

Type of Business _____ Website _____

Main Contact _____ Email _____

Phone _____ Number of Employees: Full time _____ Part Time _____

Billing Contact _____ Email _____

Detailed description of your business, services provided, etc. _____

Can you tell us why you feel joining the Chamber is important to you and your business? _____

(Use back if necessary)

Type of membership:

- | | |
|---|---|
| _____ \$170.00 Business - 5 and fewer full & part-time employees (2 part-time = full-time) | _____ \$315.00 Business - 21+ full & part-time employees (2 part-time = 1 full-time) |
| _____ \$230.00 Business - 6 to 20 full & part-time employees (2 part-time = full-time) | _____ \$115.00 Non-Profit Organization |
| | _____ \$ 70.00 Individual * |
| | _____ \$ 35.00 Retired Individual |

**Only your name will be used. No information will be listed on the Chamber website.*

Payment Method: _____ Check _____ Credit Card

Name on Card: _____ Card Number: _____

Expiration: _____ CVV: _____ Signature: _____

*Please return completed form with payment to:
Chatham Area Chamber of Commerce • 106 E. Mulberry St. • Chatham, IL 62629*