



Membership Application

Please return completed form with payment to:
 Chatham Area Chamber of Commerce • 320 N. Main Plaza. • Chatham, IL 62629

Name of Business/Individual _____ Date _____

Location _____ Mailing Address _____

Type of Business _____ Website _____

Main Contact _____ Email _____

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

Billing Contact _____ Email _____

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

_____ (Use back if necessary)

Type of membership:

_____ \$150.00 **Business** - five and fewer employees

_____ \$ 60.00 **Individual ***

_____ \$200.00 **Business** - six to twenty employees

_____ \$ 35.00 **Retired Individual ***

_____ \$275.00 **Business** – twenty-one or more employees

_____ \$100.00 **Non-Profit Organization**

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