

Lemont Area Chamber of Commerce

MEMBERSHIP APPLICATION

Company Name: _____
Primary Number: _____ Fax Number: _____
Alternate Phone: _____ E-mail: _____
Toll-Free Phone: _____ Website: _____
Cell Phone: _____
Address: _____
City/State/Zip Code: _____

Business Category: _____

Contact Name: _____
Contact Preference: Email ___ Mail ___ Fax ___ Phone ___ **Phone Preference:** Work ___ Home ___ Cell ___ Alt. ___

Number of Employees: _____

Fair-share dues schedule based on the number of full-time employees. Please indicate below:
Upgrade your Active membership to Gold status for an additional annual \$175 you will have 16 more key search words, your logo and pictures can be added, bullet points, plus free hot deals and job postings.

<input type="checkbox"/> One Time Administrative Fee	\$ 35	\$35_____
<input type="checkbox"/> 1-5 Employees & Non-Profit Organizations	\$150	_____
<input type="checkbox"/> 6-10 Employees	\$175	_____
<input type="checkbox"/> 11-25 Employees	\$225	_____
<input type="checkbox"/> 26-49 Employees	\$350	_____
<input type="checkbox"/> 50+ over Employees	\$500	_____

Year started Business: _____ **Check #** _____ **Total** _____ **Applctn. Date:** _____

Description of Business: (200 chars) _____

Hours of Operation: (100 chars) _____

Driving Directions: (200 chars) _____

Keywords: _____

Chamber Membership is deductible from corporate or individual tax returns. Please make checks payable to the **Lemont Area Chamber of Commerce, 101 Main Street, Lemont, IL 60439-3675. 630.257.5997, Fax 630.257.3238.** All new applications are subject to Board approval.

FOR OFFICE USE ONLY LIASON _____ DECAL/STICKER _____