

MEMBERSHIP APPLICATION

Company Name: _____

Primary Phone: _____ Fax: _____

Alternate Phone: _____

Email: _____

Website: _____

Cell Phone: _____

Address: _____

City/State/Zip: _____

Business Category: _____

Contact Name: _____

Number of Employees: _____

Fair-share dues schedule based on the number of full-time employees. Please indicate below:

Churches \$125

1-5 Employees \$150

6-10 Employees \$175

11-25 Employees \$225

26-49 Employees \$350

50+ over Employees \$550

Non Profit Category \$75

(Non Profit is an organization that is exclusively charitable, fraternal or social in purpose)

Year started Business: _____

Check # _____ **Total** _____ **Application Date:** _____

Description of Business: (200 Characters)

Hours of Operation: _____

Keywords: _____

Chamber Membership is deductible from corporate or individual tax returns.

Please make checks payable to:

Lemont Area Chamber of Commerce

101 Main Street, Lemont, IL 60439-3675. 630.257.5997

Fax 630.257.3238, www.lemontchamber.com

All new applications are subject to Board approval.