

MEMBERSHIP APPLICATION

Firm _____ Contact: _____

Title: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email address: _____ Website: _____

What Social Media Sites are you on so that we may connect with you? Facebook Linked In Twitter

Business Category for Chamber Directory: _____

Short description of business: _____

Who may we thank for referring you to the Chamber? _____

Number of Employees: _____ Date established: _____

\$175 Not for Profit \$195 Home Based \$250 Basic \$325 Silver \$550 Gold \$1000 Platinum

\$25.00 Registration Fee applies to all membership dues.

Signed: _____ Date: _____

Return with a check payable to: Northern Kane County Chamber, 20 S. Grove Ave., Suite 101, Carpentersville, IL 60110

Or fax to: 1-847-426-1098

Discover MasterCard Visa American Express

Card Number: _____ Exp. Date: _____

CVS Three Digit Number: _____ Billing Address Zip Code if Different From Above: _____

Signed: _____

Help us get to know you a little better...

What are your goals with joining the chamber? _____

Would you like to get involved with an event or a committee? _____

Do you want to be contacted about planning a Ribbon Cutting or an After Hours Event? _____



NORTHERN KANE COUNTY
CHAMBER OF COMMERCE

One of our Ambassadors will be contacting you to give you more information on your new membership. Congratulations on joining the Northern Kane County Chamber of Commerce!