



MEMBERSHIP APPLICATION

CONTACT: _____

TITLE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

ALTERNATE BUSINESS PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

WEBSITE: _____

TYPE OF BUSINESS/BRIEF DESCRIPTION: _____

ANNUAL MEMBERSHIP DUES

ENCLOSED AMOUNT: \$ _____

Dues are paid annually. Please mail your application along with your check

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> \$150 SILVER
UNDER 25
EMPLOYEES | <input type="checkbox"/> \$250 GOLD
25 TO 50
EMPLOYEES | <input type="checkbox"/> \$350 PLATINUM
OVER 50
EMPLOYEES | <input type="checkbox"/> \$75 RESIDENT
PATRON
NON-BUSINESS | <input type="checkbox"/> \$75 NON-PROFIT
SCHOOLS
CHURCHES
ORGANIZATIONS |
|---|---|--|---|---|

made payable
to:

Grand Corridor Chamber of Commerce
11 Conti Parkway
Elmwood Park, IL 60707

JOINING THE CHAMBER IS AN **INVESTMENT IN THE COMMUNITY!**