

Membership Application

Date:	
Business Name:	
Type of Business:	
Description of Business:	
Contact Name:	
Phone #:	
E-Mail:	
May we have your permission to send you Chamber related materials via your email address? Yes No May we list your email address on our Membership Directories? Yes No	
Signature	
Business Address:	
Mailing Address (if different from above):	
Number of Employees: Full-Time: Part-Time: (Two part-time workers equal one full time worker)	
Website:	
Facebook/Twitter/InstaGram:	
Membership Dues Structure (check one)	
Number of Employees	Annual Rates
□ 1-5 □ (10)	\$275.00
□ 6-10 □ 11.25	\$330.00 \$475.00
□ 11-25 □ 26-50	\$475.00 \$670.00
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□ 51-100 □ 101-250	\$725.00 \$800.00
□ 101-250 □ 251-500	\$850.00
5 00 i	\$900.00
□ 500+ □ Service Organizations, Districts, nonpositions	
☐ Home Based Business	\$ 75.00
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Mail application and dues to: Marengo-Union Chamber of Commerce, 116 S. State Street, Marengo, IL 60152 Ph: 815-568-6680 – Cell: 779-901-8101