



North Chicago
Chamber of Commerce
Supporting Business & Inspiring Leadership

P.O Box 554
North Chicago, IL 60064

MEMBERSHIP APPLICATION

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS OR ORGANIZATION: (Please Check One)
Manufacturing: [] **Retail:** [] **Service:** [] **Government:** []

Number of Employees: _____

CONTACT INFORMATION: (List information as you want it printed in a directory)

Name: _____

Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Website: _____

BRIEF STATEMENT ABOUT YOUR BUSINESS: (25 words or less)

AMOUNT DUE BASED ON NUMBER OF EMPLOYEES \$ _____ Your Check # _____
\$75.00 (1 – 10 Employees) \$100.00 (11 – 50 Employees) \$175 (51 – 125 Employees)
\$300.00 (126 – 200 employees) \$500.00 (201 Employees and over)

For Chamber Use Only:

Date Received: _____

Acknowledgement Sent: _____