

Membership Application

Thank you for choosing to be a part of the Calumet City Chamber of Commerce!
Please provide the requested information and return the completed application,
along with your dues, to:



Calumet City Chamber of Commerce

80 River Oaks Center, ARC-6
Calumet City, IL 60409
(708) 891-5888
(708) 891-8877 (fax)
info@calumetcitychamber.com
www.calumetcitychamber.com

Business Name: _____

Business-Owner's Name: _____

Business Address: _____

Mailing Address (if different from business address):

Business Phone: (_____) _____ Business Fax: (_____) _____

Business E-Mail: _____ Website: _____

(PLEASE ATTACH A COPY OF YOUR BUSINESS CARD FOR OUR FILES)

Referred By: _____ Business Name: _____
(Chamber Member's Name)

MEMBERSHIP DUES

- 1-15 employees (\$100) 16 or more employees (\$150)

I am interested in serving on the following committees:

- Business Information Special Events/Fundraising Bylaws Membership Development
 Community Workshops Meetings/Outings Business Development Board Development
 Newsletter/Communications Other (please specify): _____

I am unable to serve on a committee at this time, but would be interested in working on one of the following chamber events:

- Annual Installation Dinner Auto Show Other (please specify): _____

FOR OFFICE USE ONLY

Cash Check # _____ Date received: ____/____/____ Received & recorded by: _____