



## 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

P.O. Box 2406  
Calumet City, IL 60409

[info@calumetcitychamber.com](mailto:info@calumetcitychamber.com)  
[www.calumetcitychamber.com](http://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: \_\_\_\_\_

I prefer to receive information from the Chamber primarily through:

- E-mail
- US Mail

(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/Fund Raising  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: \_\_\_\_\_

New Membership Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_