

# Membership Application



Woman Owned Business  Home Based Business  Minority Owned Business

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip/County: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number\*\* \_\_\_\_\_

Website Address: \_\_\_\_\_ Company E-mail Address\*\* \_\_\_\_\_

Main Rep. (print): \_\_\_\_\_ Title: \_\_\_\_\_ Main Rep. E-mail\*\* \_\_\_\_\_

# of Full-time Employees (part-time counted as 1/2): \_\_\_\_\_ Invoices/Payables Representative: \_\_\_\_\_

- Please contact me with more information on:**
- |   |   |
|---|---|
| <input type="checkbox"/> Business Education Council | <input type="checkbox"/> Business Minority Council    |
| <input type="checkbox"/> Government Affairs Council | <input type="checkbox"/> Business Women's Council     |
| <input type="checkbox"/> Manufacturers Council      | <input type="checkbox"/> Advantage Club               |
| <input type="checkbox"/> Ambassadors Committee      | <input type="checkbox"/> IGNITE - Young Professionals |

**Please give a brief description of your business products/servies:** \_\_\_\_\_

\_\_\_\_\_

Business Category #1: \_\_\_\_\_ Bus. Cat. #2: \_\_\_\_\_ Bus. Cat. #3: \_\_\_\_\_

## Website Enhancement Packages:

**Platinum Package:** \$100 - Your logo (or picture) next to your website listing(s); A 50 word description (used in keyword searches) of your business for website listing(s); Clickable map to your business next to your website listing(s); a Border surrounding your website listing(s)

**Silver Package:** \$50 - A 50 word description (used in keyword searches) of your business for website listing; Clickable map to your business next to your website listing(s); A Border surrounding your website listing(s)

**Included with investment:** 1 category, hyperlink to your website from your listing (s) – instant clickable e-mail address from your listing(s), main contact name with listing(s) (i.e. website and in 3 sections of Membership Directory).

*\*With either package purchased you become eligible for submissions to the Chamber's e-mail newsletters.*

Membership: \$ \_\_\_\_\_ Addt'l Location(s): \_\_\_\_\_ Website Pkg: \$ \_\_\_\_\_ Extra Listing(s): \$ \_\_\_\_\_ One-time Processing Fee: \$45

**Total Membership Investment enclosed:** \$ \_\_\_\_\_ Account Executive: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Received Frame: Yes  No

Yes! I would also like to refer the following for membership: \_\_\_\_\_

**Payment Options:**  Visa  MasterCard  American Express  Check\* Check Number: \_\_\_\_\_

*Please Fill Out Separate Credit Card Payment Form*

Additional Contacts: \_\_\_\_\_ E-mail\*\* \_\_\_\_\_

\_\_\_\_\_ E-mail\*\* \_\_\_\_\_

**FAX to: 815.987.8122**

Make check payable to: **Rockford Chamber of Commerce** and return to: 308 W. State St., Ste 190 Rockford, IL 61101

\*\*By sharing an e-mail address and/or fax number, you are giving the Chamber permission to contact you using this technology.

You also give us your permission to include your e-mail address and/or fax number in our annual hard-copy membership directory.

Your e-mail address will not be visible on the Chamber's web site and will never be sold except as part of the annual membership directory.