

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"/> Multicultural Business 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"/> Public Education Council | <input type="checkbox"/> Ambassadors Club | <input type="checkbox"/> IGNITE - Young Professionals |

Why are you joining the Chamber?

Please give a brief description of your business products/services:

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: \$50

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.

rockfordchamber.com • 815.987.8100