



NEW LENOX

CHAMBER OF COMMERCE

2017 Membership Application

Please complete the entire application and return the form and payment to the New Lenox Chamber of Commerce, PO Box 42, New Lenox, IL 60451. Please contact the Chamber office with any questions or concerns at (815) 485-4241.

The terms of this agreement shall be renewed in January of each calendar year. The undersigned subscribes \$_____ *(see 2017 Membership Investment Schedule) for membership and agrees to pay in advance annually until cancelled.

Membership Information:

Name of Business: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address *(if different from above):* _____

Phone: _____ **Fax:** _____

Website Address: _____

Would you like a FREE link from the Chamber website to your website? Yes No

Number of Fulltime Employees: _____

A fulltime employee is defined as any employee that works 40+ hours/week or two part-time employees.

Primary Contact: _____

Email Address: _____

Additional representatives can be added on the back of this page.

Classification/Overview:

One category listing included with membership. Examples: electrical, insurance, real estate, etc. Additional categories may be added at a cost of \$50 for the second and \$25 for the third category.

1st _____ 2nd _____ 3rd _____

Description of your business (maximum 30 words): _____

Additional Info:

If you plan to offer discounts to Chamber members, please specify below:

Offer details: _____ % Off _____ \$ Amount Off _____

To comply with FCC regulations, we need your permission to send you faxes and emails.

You have my approval. Yes No

Signature: _____ **Date:** _____

Business Representatives:

Paid membership includes one representative to be listed as the primary contact for that business. That representative will receive all hardcopy mailings for the business. Members can opt to have additional representatives receive hardcopy mailings for an incremental fee - \$50 for the first additional representative and \$25 for each additional representative.

Businesses are welcome to submit names and e-mail addresses for any representatives they'd like to receive electronic communications from the Chamber at no charge.

Please list anyone you'd like to add to your listing below. If you select yes for Hardcopy Mailings, the Chamber will invoice you as stated above.

Name	Email	Hardcopy Mailings
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

CHAMBER OFFICE ONLY

Payment Received _____

Date _____

Membership Directory _____

Added to ChamberMaster _____

Log-in/Password Emailed to Member _____

Board Approval _____

Welcome Letter _____

Window Cling _____

Membership Program _____

Assigned Ambassador _____