



MEMBERSHIP APPLICATION 2009-2010

PLEASE PRINT OR TYPE

Business Name _____

Contact Person _____ Title _____

Business Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____ Website _____

Number of Full-time Employees _____ Number of Part-time/ Seasonal Employees _____

Brief description of your business (this information will be used for our newsletter)

Referred By _____

Type of Membership
(PLEASE REFERENCE THE INVESTMENT SCHEDULE)

Business Classification _____

We will make an annual investment of \$ _____ In which the Chamber will bill me annually

Please return completed application along with your first annual payment to:

Rochelle Area Chamber of Commerce & Business Development

P.O. Box 220; 350 May Mart Drive

Rochelle, IL 61068

Signature Date