



Membership Application

GREATER BELLEVILLE CHAMBER OF COMMERCE

Business Information

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Company E-Mail: _____ Website: _____

Year Founded: _____ Years at Present Location: _____ Number of Employees: _____

Website Membership Category Listings #1: _____ #2: _____

Ex: AAA Bank (Listing #1 Finance/Financial Advisors Listing # 2 Banking Associates)

Please Enter Company Representatives on the Following Page. (These should be employees whom you would like to receive information on events and programs the Chamber is hosting.)

Annual Investment

Business Partners				Special Partners		
<input type="checkbox"/>	0-5	Employees	\$225	<input type="checkbox"/>	Platinum	\$15,000
<input type="checkbox"/>	6-10	Employees	\$300	<input type="checkbox"/>	Gold	\$10,500
<input type="checkbox"/>	11-25	Employees	\$410	<input type="checkbox"/>	Silver	\$5,200
<input type="checkbox"/>	26-50	Employees	\$500	<input type="checkbox"/>	Bronze	\$2,600
				<input type="checkbox"/>	Friends of the Chamber	\$1,100
				<input type="checkbox"/>	Chamber Alliance	\$550
<input type="checkbox"/>	Individual		\$205			
<input type="checkbox"/>	Retired		\$100			

Payment Options

- Check Enclosed
- Please charge my Visa or Master Card:

Account #: _____ Security Code _____ Exp Date: _____

Name on Card: _____

I understand this is an application for membership that must be approved by the Board of Directors of the Greater Belleville Chamber of Commerce



CONTACT INFORMATION

Representative One

Name/Title: _____

Location Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Would Like to Receive Weekly Email Updates? Yes No

Would Like to Receive Monthly Chamber Connection Newsletter: Yes No

Representative Two

Name/Title: _____

Location Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Would Like to Receive Weekly Email Updates? Yes No

Would Like to Receive Monthly Chamber Connection Newsletter: Yes No

Representative Three

Name/Title: _____

Location Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Would Like to Receive Weekly Email Updates? Yes No

Would Like to Receive Monthly Chamber Connection Newsletter: Yes No

Representative Four

Name/Title: _____

Location Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Would Like to Receive Weekly Email Updates? Yes No



RIBBON CUTTING/GROUNDBREAKING APPLICATION

Ribbon Cutting

Groundbreaking

Business Name: _____

Location Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

President/Owner Name: _____

Hours of Operation: _____

Description of Business: _____

Public Invited: Yes No

We will have: Refreshments Buffet Special Offers Special Activities

Other

Please Describe: _____

Date and Time of Event: _____

Please issue press release for this event Do not issue press release for this event

Put event information on email update Post event on website calendar

Return form at least three weeks before your event to the Membership Development Director, Greater Belleville Chamber of Commerce, 216 East A Street, Belleville, IL 62220 or fax to (618) 233-2077. Please call us at (618) 233-2015 with any questions.