



Glen Ellyn Chamber of Commerce Membership Application

Business Name:		Date Business Started:	
Business Address:			
City:	State:	ZIP Code:	
Website:			
Email:		Phone:	Fax:
Primary Contact:		Title:	Email:
Address:		Phone:	
Primary Billing Contact:		Title:	Email:
Address:		Phone:	
Please list any other contacts:			
Name:		Title:	Email:
Address:		Phone:	
Name:		Title:	Email:
Address:		Phone:	

Business Description: _____
(200 words or less) _____

Membership Levels	Select Website Categories	Areas of Interest
<input type="checkbox"/> Gold - \$5,000	1. _____ (Main Category)	<input type="checkbox"/> Gift Check Program
<input type="checkbox"/> Silver - \$2,500		<input type="checkbox"/> Greeter Service
<input type="checkbox"/> Bronze - \$1,000	2. _____ (2nd Category)	<input type="checkbox"/> Ribbon Cutting
<input type="checkbox"/> Emerald - \$515		<input type="checkbox"/> Email Blast
<input type="checkbox"/> Standard - \$330	3. _____ (3rd Category)	<input type="checkbox"/> Banner Ad
<input type="checkbox"/> Non-profit - \$175		

Payment Information		
Membership Investment	\$ _____	Date: _____
Enhanced Website (\$50)	\$ _____	Signature of Application: _____
Administration Fee <i>(First time members only)</i>	\$ _____ \$30	Referred by: _____
Alliance Member Discount	\$ _____ \$-65	Check #: _____
		Credit Card #: _____
Total Due:	\$ _____	Expiration: _____ CSC: _____