



MEMBERSHIP APPLICATION

BUSINESS NAME: _____
 NAME OF AUTHORIZED REPRESENTATIVE: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 BUSINESS PHONE: _____ EMAIL ADDRESS: _____
 WEB ADDRESS: _____

NUMBER OF EMPLOYEES

FULL TIME: _____ PART-TIME: _____

BUSINESS CATEGORIES (to ensure your business is easily searchable on our website)
(Please check off the applicable categories below)

Business-to-Business (B2B) Business-to-Consumer (B2C)

(Please select the categories that best match your business)

- | | | |
|--|--|---|
| <input type="checkbox"/> Businesses/Financial Services | <input type="checkbox"/> Food and Drink | <input type="checkbox"/> Arts & Entertainment |
| <input type="checkbox"/> Personal Services | <input type="checkbox"/> Home Improvement | <input type="checkbox"/> Family/Community/Non-Profit Org. |
| <input type="checkbox"/> Automotive Sales & Service | <input type="checkbox"/> Lodging & Housing | <input type="checkbox"/> Grocery & Pharmacies |
| <input type="checkbox"/> Sports & Recreation | <input type="checkbox"/> Product-Based B2B | <input type="checkbox"/> Retail Services |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Service-Based B2B | |

CRYSTAL LAKE CHAMBER OF COMMERCE MEMBERSHIP DUES

- MEMBERSHIP TYPE:
- | | |
|--|---|
| <input type="checkbox"/> Small Connect
<i>(1-5 Employees = \$25/mo. or \$300/yr.)</i> | <input type="checkbox"/> Elevate Level
<i>(\$84/mo. or \$1000/yr.)</i> |
| <input type="checkbox"/> Medium Connect
<i>(6-15 Employees = \$36/mo. or \$425/yr.)</i> | <input type="checkbox"/> Non-Profit Organization (501c3)
<i>(\$13/mo. or \$150/yr.)</i> |
| <input type="checkbox"/> Large Connect
<i>(16-100 Employees = \$53/mo. or \$625/yr.)</i> | <input type="checkbox"/> Affiliate Member
<i>(\$17/mo. or \$200/yr.)</i> |

PAYMENT FREQUENCY

- One-time Annual Payment
 Monthly Payment
 Bill Me Annually

PAYMENT METHOD

Credit Card #: _____
 CC Type (Visa, MC, etc.): _____
 CC Expiration Date: _____
 CC Validation Code: _____
 (3 digit code on back of card)
 Zip Code of CC Billing: _____

TRANSACTION AMOUNT

(Membership Type + One-Time \$25 Application Fee)

I hereby authorize the Crystal Lake Chamber of Commerce to initiate debit/credit entries to my account indicated above in the amounts equal to each membership dues invoice, and I authorize the depository financial institution named above to process said entries. There will be a \$20.00 fee charged for any returned payments for any reason, including non-sufficient funds.

This authorization for Monthly Investment Program is to remain in full force and effect until Crystal Lake Chamber of Commerce has received written notification from me of cancellation 30 days prior to the date of payment. By filling in your name in the Authorized Signature box below you certify the accuracy of the information provided in this application and approve the application to be submitted to the Crystal Lake Chamber of Commerce for processing.

Authorized Signature: _____ Name & Title: _____

Date: _____