



CRYSTAL LAKE
Chamber of Commerce

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)

Businesses/Financial Services

Food and Drink

Arts & Entertainment

Personal Services

Home Improvement

Family/Community/Non-Profit Org.

Automotive Sales & Service

Lodging & Housing

Grocery & Pharmacies

Sports & Recreation

Product-Based B2B

Retail Services

Health Care

Service-Based B2B

CRYSTAL LAKE CHAMBER OF COMMERCE MEMBERSHIP DUES

MEMBERSHIP TYPE: **Small Connect**
(1-5 Employees = \$28/mo. or \$325/yr.)

Non-Profit Organization (501c3)
(\$15/mo. or \$175/yr.)

Medium Connect
(6-15 Employees = \$38/mo. or \$450/yr.)

Affiliate Member (secondary locations)
(\$19/mo. or \$200/yr.)

Large Connect
(16-100 Employees = \$55/mo. or \$650/yr.)

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: _____

MEMBERSHIP DUES

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ONE-TIME \$25 APPLICATION FEE

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TRANSACTION AMOUNT

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: _____ Referred By: _____

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