



**CAROL STREAM**  
*Chamber of Commerce*  
**MEMBERSHIP APPLICATION**

Name of Company \_\_\_\_\_ Date \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Primary E-Mail Address <sup>+</sup> \_\_\_\_\_ Website **www.** \_\_\_\_\_

<sup>+</sup> Check 1:  Include email address on Web **OR**  For Chamber Use only \_\_\_\_\_ Initial here

Address \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Primary Rep<sup>†</sup> \_\_\_\_\_ Title \_\_\_\_\_ E-mail addresses \_\_\_\_\_

Add'l Rep: \_\_\_\_\_ Title \_\_\_\_\_ E-mail addresses \_\_\_\_\_

<sup>†</sup> Designated single voting member for your business

Referred by: \_\_\_\_\_ Quick 1 to 5 Word Business Description \_\_\_\_\_

**BUSINESS CATEGORY:** (Similar to a yellow page listing—one to three categories allowed)

Primary Category \_\_\_\_\_ Secondary Category/Categories \_\_\_\_\_

**COMPANY DESCRIPTION:** To be entered in on the Chamber website, so the general public will be able to see what the company has to offer. You may email this to us later or update it at any time. 200 character limit

\* **NUMBER OF EMPLOYEES CURRENTLY AT COMPANY:** (full-time considered 1; part-time considered 1/2)

\_\_\_\_\_ ← \* required

Consult the rate chart below for the appropriate fee based on your company size, not on participating members.

☛ One Time Application Fee: \$25.00      **Annual Fee   App fee   Total**      *Renewal date is April or October*

- 1-2 Employees or Non-Profit      \$195    + \$25 = **\$220**
- 3-10 Employees      \$220    + \$25 = **\$245**
- 11-24 Employees      \$270    + \$25 = **\$295**
- 25-99 Employees      \$295    + \$25 = **\$320**
- >100 Employees      \$395    + \$25 = **\$420**

**Non-Profit Organizations:**      \$195    + \$25 = **\$220**

Checks payable to: **Carol Stream Chamber of Commerce.**

**CREDIT CARD INFORMATION:**

Name on card \_\_\_\_\_ Credit card number \_\_\_\_\_

Billing Address (street # only) \_\_\_\_\_ Billing Zip \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Card type (circle one):    **MC   VISA   AM EXP   DISC**      Amount \$ \_\_\_\_\_

Security code: (last three digits near signature on back ; AMEX - 4 digits on front) \_\_\_\_\_

150 S. Gary Av, Carol Stream IL 60188 ~ 630.665.3325 ~ info@carolstreamchamber.com ~ www.carolstreamchamber.com

**FAX TO: (630) 665-6965**

*Thank you for your interest in the Carol Stream Chamber. We will be contacting you shortly!*