



# Membership Application

Thank you for choosing to be a part of the Calumet City Chamber of Commerce. Please provide the requested information and return the completed application, along with your dues, to:

## Calumet City Chamber of Commerce

PO Box 2406  
Calumet City, IL 60409

[info@calumetcitychamber.com](mailto:info@calumetcitychamber.com)  
[www.calumetcitychamber.com](http://www.calumetcitychamber.com)

Business Name: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different from business address): \_\_\_\_\_

Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Business Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile Phone 1: ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile Phone 2: ( \_\_\_\_\_ ) \_\_\_\_\_

Business Email: \_\_\_\_\_

Website: \_\_\_\_\_

I prefer to receive information from the Chamber primarily through:  Email  Text

**Please attach a copy of your business card for Chamber files**

### Yearly Membership Dues

\_\_\_\_ 1 to 15 employees - Business Located in Calumet City (\$250.00)

\_\_\_\_ 16 or more employees – Business located in Calumet City (\$350.00)

\_\_\_\_ Business of any size located outside of Calumet City (\$500.00)

\_\_\_\_ Contractors (\$500.00)

I am interested in serving on the following committees (check all for which you may be interested):

Business Information       Special Events/Fund Raising       Bylaws       Membership Development

Community Workshops       Meetings/Outings       Business       Business Development

Board Development       Newsletter/Communications       Other (please specify): \_\_\_\_\_

-----  
**FOR OFFICE USE ONLY**

Cash     Check # \_\_\_\_\_    Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Received & recorded by: \_\_\_\_\_

New Membership Date Approved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_