

MCCORMICK CHAMBER OF COMMERCE

"BLENDING BUSINESS WITH COMMUNITY"

MEMBERSHIP APPLICATION

Member/ No. _____

Business Name: _____ Business Address: _____

City: _____ Zip: _____

Telephone # _____ Website Address: _____

Primary Contact: _____ Title: _____ Cell: _____

E-Mail Address: _____

Industry _____

Membership Fee Schedule

HOME BUSINESS/\$150.00 ∞ 1-5EMPLOYEES\$350.00 ∞6-10 EMPLOYEES\$550.00 ∞11-25EMPLOYEES\$750.00

26-50EMPLOYEES\$1050.00 ∞51-100EMPLOYEES\$1,550.00 ∞101+EMPLOYEES\$1,850

K-12 Schools \$950.00 ∞Colleges & Universities \$1,650.00 ∞-Home Healthcare Services \$750.00

Educational Medical Centers\$ 1,650.00 ∞Hospitals \$1,250.00 ∞Attorneys \$550.00 ∞Physicians

\$550.00∞Retail Branches \$550.00 ∞Public Services \$350.00 ∞Corporate \$1,850.00

Non-for Profit Public Service Organizations \$250.00 ∞Chamber of Commerce Reciprocal (No Charge)

Membership Renewal ___ Yes ___ No

1. WHAT METHOD OF COMMUNICATION FROM US WOULD YOU PREFER? MAIL FAX E-MAIL other _____

2. IS YOUR BUSINESS HOME-BASED MINORITY-OWNED WOMAN-OWNED ED. INSTITUTION?

3. Are you a member of other Chambers/Associations? If yes, please list: _____

4. Please indicate your top three (3) reasons for joining in numeric order of priority:

___ Networking Opportunities ___ Business Development ___ Globalization ___

___ Economic Development ___ Member Referrals ___ Committee Involvement

___ Events/Functions ___ Leadership Training ___ Research/Business Information

___ Corporate Responsibility ___ Visibility ___ Enhanced Credibility ___ Exposure

___ Social Media Development ? _____

___ Would you like us to plan an event for your Company? _____

THANK YOU FOR PROVIDING THE FOLLOWING INFORMATION IN ORDER TO ALLOW US TO BETTER SERVE YOU:

TOTAL Enclosed: \$ _____ Check# _____ Date _____ Credit Card# _____

XDate _____ Address _____ City _____ State _____ Ph# _____

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EIN#74-303-9021

I submit this application for full Chamber membership with all rights, privileges & benefits. McCormick Chamber of Commerce (501 (C) 6) membership is on an annual basis and will automatically continue unless written cancellation is given to the chamber at least 30 days prior to renewal date. Renewal dates are 12 months from date membership begins.

Member Signature

DATE

McCormick Chamber Signature

Remit TO: MCCORMICK CHAMBER OF COMMERCE • P.O. BOX 16027 • CHICAGO, ILL 60616

Administration/Operations: (773) 731-8835

Executive Management: (312) 799-1999

BRIEF EXPLANATION OF BUSINESS (TO BE PLACED ON CHAMBER WEBSITE - 50 WORDS MAX) MEMBER BUSINESS IS ENTITLED TO ONE CATEGORICAL AND ALPHABETICAL LISTING IN MEMBERSHIP DIRECTORY AND REFERRAL DATABASE.

Membership dues in the McCormick Chamber of Commerce are not tax deductible as charitable contributions for federal income tax purposes, but may be deductible as ordinary and necessary business expense.

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Membership Representative _____ Date _____