

CARLINVILLE CHAMBER OF COMMERCE
ANNUAL MEMBERSHIP FORM



2024 REGISTRATION FORM

Business Name:

Date :

D D M M Y Y Y Y

Owner/President Name

BUSINESS INFORMATION

Contact Name :

Title :

Full Address :

City :

State :

Zip Code :

E-Mail :

Previous Chamber Member?

YES

NO

Years Active:

MEMBERSHIP FEES

of Employees: Part time employed calculated collectively, 40 hours equal to one full time employee. Example: 4 employees @ 10 hours/week= one full time, 40-hour employee

Individual/Church/Nonprofit \$50:

1 Employee \$100

2-3 Employees \$200

4-10 Employees \$300

11-15 Employees \$400

16+ Employees \$500

Signature _____

Authorized Signature

Please Return Check and Form To: 126 South Broad Street Carlinville IL 62626

THANK YOU FOR YOUR MEMBERSHIP