



Membership Application

Business Name _____

Street Address _____

City, State, Zip _____

Mailing Address _____
(if different than above)

Phone Number _____ Cell _____

Fax _____ Website _____

E-mail(s) _____ / _____

Main Representative _____ Title _____

Number of full time employees _____ Start Date of Business _____
(each part time = 1/2)

Description of Products/Services _____

Most convenient time(s) to participate in chamber meetings: Morning Noon Evening

Membership Investment Dues \$ _____
(Business – \$150.00, Not-for-profit & Home-based – \$75.00, Citizen – \$25.00)

Please make check payable to: **Winnebago Area Chamber of Commerce**

**Mail to: Winnebago Area Chamber of Commerce
PO Box 441
Winnebago, IL 61088**

If you have any questions, please email winnebagochamberinfo@gmail.com, or contact Nichole Smith at 815-496-0680.

Thank you for joining the Winnebago Area Chamber of Commerce!

Sincerely,

Nichole Smith
Chamber President