



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 = ½)

Description of Products/Services

Most convenient time(s) to participate in chamber events: ___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