



MEMBERSHIP APPLICATION

Company: _____

Primary Contact/Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Cell Phone: _____

Website Address: _____

Social Media: _____

Email Address: _____

Type of Membership:

_____ Retail/Service/Restaurant/Industry/Manufacturing

(Investment based on # of employees--see page 2)

_____ Non-Profit Organization (1-20 Employees) -- \$150

_____ Non-Profit Organization (21+ Employees) -- \$310

of Employees _____ Full Time _____ Part Time _____ Seasonal

_____ Remote Professional/Independent - \$175 _____ Food Truck - \$275

_____ Home Based/Civic Club/Agriculture/Associate -- \$150

_____ Education Institution (College/University) -- \$310

_____ Financial Institution/Bank/Credit Union

(Investment is \$12 per million in deposits with a \$500 minimum)

We will make an annual investment of \$_____.

Chamber dues are based on a fiscal year and will be invoiced annually in Nov/Dec. Please refer to pro-rate sheet when joining mid-year.

Visa or MasterCard _____

Expiration Date _____ Security Code _____

_____ Billing Address of Card (if different than address above)

_____ Signature

_____ Date

PLEASE COMPLETE

Primary Business Category you would like to be listed in our Membership Directory:

1. _____

Additional Business Categories:

2. _____

3. _____

We will do our best to accommodate category requests. Please review current website categories.

For what reason(s) are you joining the Chamber?

___ **Marketing/Advertising**
(Membership Directory, Publications, Chamber website exposure, Sponsorships, Mailing lists, and E-blast opportunities)

___ **Networking**

___ **Leads Group/KWN**

___ **Legislative Advocacy**
(City, County, State, National)

___ **Professional Growth & Education**

___ **Corporate Citizenship**

___ **Chamber Events Opportunities**

___ **Other** _____

Communication Preferences

To ensure you receive only the type of information you want, please check the following:

___ Chamber E-News

___ Networking & Meetings

___ Chamber Events

___ Fellow Chamber Member events and information.

___ Legislative Advocacy

___ Business Resources

519 West State Street

Sycamore, IL 60178

815-895-3456

office@sycamorechamber.com

Description of your Business (to be used on Chamber Website):

Retail/Service/Restaurant/Industry/Manufacturing

Full Time Employees	Investment
1 - 5	\$290
6 - 10	\$375
11 - 20	\$430
21 - 30	\$520
31 - 40	\$655
41 - 50	\$790
51 - 100	\$900
101 - 200	\$1,030
201 - 300	\$1,210
301+	\$1,355

Two part-time/seasonal employees count as one full-time employee.

The Chamber is on a fiscal year and your investment will be invoiced annually.

Please refer to the pro-rate sheet when joining mid-year.

Pro-rated dues are for new members only and not available for returning members.

TAX DEDUCTIBLE EXPENSE

All chamber dues and related expenses are tax deductible as a business expense. Pursuant to the Revenue Act of 1987, we are required to advise you that your Sycamore Chamber of Commerce dues are not deductible as a charitable contribution for federal income tax purposes.
