



Chamber Champion Application

Name _____

Company Name _____ Title _____

Business Mailing Address _____

Contact Information: Daytime Phone _____ Fax _____

Evening Phone _____ Cell _____

E-mail Address _____

Is this Business a current Chamber Member? ___ Yes ___ No

If not, are you an individual member? ___ Yes ___ No

How did you hear about the Chamber Champions?

Can you commit to attending a minimum of two events during our year? ___ Yes ___ No

Can you commit additional time for other Champion activities? ___ Yes ___ No

Please tell us about your other current/recent volunteer involvement:

Why do you want to become a Lansing Area Chamber Champion?

Signature: _____ Date: _____

18155 Roy St. Suite 3 Lansing, IL 60438

Phone: 708-474-4170 Fax 708-474-7393

Email: director@chamberoflansing.com www.chamberoflansing.com