

Ottawa Area Chamber of Commerce & Industry New Member Application (Page 1)

Name of Business _____ Application Date _____
 Physical Address _____ City _____ State _____ Zip _____
 Business Phone (Main) _____ Fax _____ Website _____

The Choice for my Business/Organization

Not including a la carte sponsorship opportunities to customize my investment.

- Diamond Member (\$5400), *Ideal for 150+ employees*
- Gold Member (\$2020), *Ideal for 50-150 employees*
- Silver Member (\$1095), *Ideal for 25-50 employees*
- Bronze Member (\$545), *Ideal for 10-25 employees*
- Professional Member (\$370), *Ideal for up to 10 employees*
- I have no business affiliation and would like to support the Chamber as an Individual or Clergy Member (\$105)
- This is a "Non-Profit" organization, please take 35% off
- This qualifies as a "Home-Based" business, please take 25% off
- This qualifies as an "Affiliate" business, please take 50% off *

**Applies to any business affiliated with a current member business under a different name and/or location (i.e. branch office or a single owner with multiple businesses).*

For your convenience, all annual membership investment levels are customizable, upgradeable and automatically renewable.

Primary Contact or Owner Signature _____ Date _____

Preferred Billing Frequency

Please submit your application for approval by the Board.

- Please invoice me for my annual investment
(Payment will be made within 30 days of the invoice)
- Charge my bank account (No additional fee)
 - ____ Monthly
 - ____ Quarterly
 - ____ Semi-Annually



Go Green Today for a Greater Tomorrow

After your first invoice, the Chamber will email your invoices. Please check here if you **do not want** email invoices _____

The policy of the Ottawa Area Chamber is to provide mailing list info including phone and fax to members and others that request it.

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Brief Description of Products/Services _____

Primary Contact _____ Birthday _____ Alt. Phone _____
 Email _____ Preferred Communication (*circle one*) **Email** **Fax**
 Mailing Address (*if different from Physical Address*) _____
 Title _____ City _____ State _____ Zip _____

Other Contact _____
 Email _____ Preferred Communication (*circle one*) **Email** **Fax**
 Mailing Address (*if different from Physical Address*) _____
 Title _____ City _____ State _____ Zip _____

Please contact the Chamber if you would like to add more contacts to our mailing list.

Questions? Please contact Meg Skelly at 815-433-0084. Go to www.ottawachamberillinois.com for more info!
 Please send completed application **by mail**, 633 LaSalle Street Suite 401, Ottawa, IL 61350; or **by fax** 815-433-2405.

Office Use Only Board Approval Date _____ Membership Begins_ New Member
 Packet Sent _____ Entered in Database _____ Initials _____

