



LOMBARD AREA
 CHAMBER of COMMERCE & INDUSTRY
 — S I N C E 1 9 5 3 —

Business/ Organization _____

Primary Representative Name _____ *Email _____

Mailing Address: _____

City _____ State _____ Zip _____

Business Telephone _____ Cell Phone _____

Add'l Rep. Name _____ *Email _____

*By providing an email address you are giving the Lombard Chamber permission to contact you using this technology. We will never share your email.

Website _____ Keywords _____

Business Category _____

On the back of this application or attached separately, please describe your business or organization in 500 characters or less (Basic and Classic Tier) or 1600 characters (all other tiers) including spaces and punctuation. Share information about the products and services that you provide. It will be used on your Chamber listing on our website. (Can be added later.)

<p>___ Diamond Partner <i>(circle payment selection)</i></p> <p>\$2100 Yearly \$530 Quarterly \$180 Monthly</p>	<p>___ Classic Level <i>(Plus \$40 admin fee - paid separately if paying other than yearly)</i></p> <p>\$325 Yearly \$85 Quarterly \$30 Monthly</p>
<p>___ Executive Level</p> <p>\$825 Yearly \$210 Quarterly \$72 Monthly</p>	<p>___ Basic Level <i>(Plus \$40 admin fee)</i></p> <p>\$225 Yearly N/A - Quarterly N/A - Monthly</p>
<p>___ Premier Level</p> <p>\$525 Yearly \$135 Quarterly \$47 Monthly</p>	<p>___ Community Supporter—Non Business <i>(Plus \$40 admin fee)</i></p> <p>\$125 Yearly N/A - Quarterly N/A - Monthly</p>

When choosing the Monthly or Quarterly payment plan option, please be sure to fill out and include the **Membership Installment Plan Agreement** form.

When your membership becomes active, you will be sent a link to set up a password and login to access the Member Information Center, where membership information that appears in our online directory, can be updated on a 24/7 basis.

**Membership investment in the Lombard Chamber of Commerce may be tax-deductible as an ordinary business expense. Money paid to the Chamber is not a charitable donation. Please discuss these matters with your tax advisor.*

Form of payment: Check (payable to Lombard Chamber of Commerce - Yearly Only) Credit card (yearly, monthly or quarterly)

Acct # _____ Exp. Date _____

Name on Credit Card _____

Credit Card Billing Address _____

City _____ State _____ Zip _____ Security Code _____

Email for Receipt _____

Authorized Signature _____