



Chamber Membership Application

Please return application and payment to:

2007 Civic Center Way, Round Lake Beach, IL 60073 or Fax 847-546-2254

For additional information please contact: 847-546-2002 or email: info@rlchamber.org

Date _____

Business or Organization Name _____

What business category should you be listed under? _____

Contact Name _____ Title _____

Business Address _____ City & Zip: _____

Mailing Address (if different) _____ City & Zip: _____

Phone _____ Fax _____ Cell _____

Email address _____ Website: _____

Would you like your website linked from our web site? _____ yes _____ no

We provide various updates and member event information via email. Do you wish to receive these updates? _____ yes _____ no

Please PRINT additional staff at the address listed above that should receive information

Name: _____ Title: _____ Email address: _____

Current # of employees _____ full-time _____ part-time Year business was established _____

Describe the type of business, produces and services you provide on back of this form.

We have several ways to get involved. Please circle the following interests or note on back:

- ◀ Membership/ Recognition Awards
- ◀ Expos
- ◀ Chamber Board Nominations
- ◀ Scholarships
- ◀ Map/Community Directory
- ◀ Installation Dinner
- ◀ By Laws
- ◀ Santa Supper
- ◀ Village Festivals
- ◀ Workshops/Speakers
- ◀ Mixers
- ◀ Other (Note on back) _____

Are you interested in offering a discount to Chamber members? Yes _____ No _____

Please Note Discount is available to all Chamber members and employees. Please list discount on back of this form.

Annual Membership Fee: \$225. - (\$200 for 501(c)3 organizations with paperwork) -12 Month Membership

Email this application to: info@rlchamber.org

Payment enclosed: \$ _____ cash -or- # _____ check Number

For your convenience we accept **VISA, MasterCard** or **American Express** (Please print clearly)

Card # _____ Expiration Date: _____

Name on credit card: _____ Signature: _____

3-digit security code on back of the card: _____ Zip code for card billing: _____

Chamber office use only

	Date received: _____	Amount \$ _____	Chk # _____
Added CM: _____	GM Into: _____	Note: _____	