

LOCKPORT CHAMBER OF COMMERCE

œ Promotion œ Education œ Networking œ Service

APPLICATION FOR MEMBERSHIP

(WE PRORATE OUR MEMBERSHIP DUES. IF YOU JOIN AFTER JANUARY 15TH OR JULY 15TH, PLEASE CONTACT THE CHAMBER OFFICE FOR THE CORRECT MEMBERSHIP DUES AMOUNT.)

This is an application for membership in the Lockport Chamber of Commerce and shall be regarded as a guarantee on the part of the applicant to adhere to the By-laws, Rules and Regulations of the Lockport Chamber of Commerce. Election to membership is subject to a majority vote of the Board of Directors.

Business Name: _____

Owner's Name _____

Contact Name & Title: _____

Address: _____ **City, St, Zip:** _____

Phone: _(____) _____ **Fax:** _(____) _____ **E-mail:** _____

Web Address: _____ **Date:** _____

Type of business, e.g. auto repair, tax service, retail clothing store, charitable organization:

No. of Employees: Full time _____ **Part time** _____

Are you a new business? Yes No Would you be interested in a ribbon cutting? Yes No

If not a new business, year opened in this location: _____

Business Category (i.e., Healthcare, Real Estate, Photography): _____

Description of Business (services and/or product available): _____

By providing the relevant information and signing below, you are granting your permission to receive faxes and e-mail at those numbers and addresses listed from the Chamber. Should you wish to stop receiving faxes and/or e-mails from the Chamber, you can do so by submitting such a request in writing.

Signature: _____ **Date:** _____

Thank you! Please mail or fax application to:

LOCKPORT CHAMBER OF COMMERCE

921 S. State Street

Lockport, IL 60441

Fax: (815) 838-2653

If you have any questions, please call the Chamber office at (815) 838-3357

Annual dues are not deductible as a charitable expense but may be used as a business expense. Please be sure to discuss this with your accountant.

Yes, I was referred by a Chamber Member

BUSINESS: _____ **CONTACT:** _____