

Lockport Chamber of Commerce

"City of Historic Pride"

♦ Promotion ♦ Education ♦ Networking ♦ Service

222 E. 9th St; 3rd Floor, Lockport, IL 60441 (815) 838-3357 Fax (815) 838-2653 office@lockportchamber.com www.lockportchamber.com

APPLICATION FOR MEMBERSHIP

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.

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:	
Type of business, e.g. auto repair, tax service, re	etail clothing store, charitable organization:
No. of Employees: Full time Part ti	ime
Are you a new business? Yes No Wou	ld you be interested in a ribbon cutting? Yes No
If not a new business, year opened in this location	on:
Business Category (i.e., Healthcare, Real Estate	, Photography):
and e-mail at those numbers and addresses lis	ng below, you are granting your permission to receive faxested from the Chamber. You are also in agreement for the amber publication. Should you wish to stop receiving faxes by submitting such a request in writing.
Signature:	Date:
Thank you! Please mail or fax application to:	Annual dues are not deductible as a charitable
LOCKPORT CHAMBER OF COMMERCE	expense but may be used as a business expense.
222 E. 9th St; 3rd Floor, Lockport, IL 60441	Please be sure to discuss this with your accountant.
Fax: (815) 838-2653 NEW- ONLINE APPLICATION/PAYMENT! www. If you have any questions, please call the Chamber	lockportchamber.com
Yes, I was referred by a Chamber Member	
BUSINESS:	CONTACT: