

# Chamber Membership Application



THE CHAMBER OF COMMERCE OF  
**SOUTHWEST INDIANA**

Leading Businesses. Leading Communities.



Company: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Officer and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Company Web Address: \_\_\_\_\_

Number of Full-Time Employees: \_\_\_\_\_ Number of Part-Time Employees: \_\_\_\_\_

Additional Representatives	Title	E-mail Address
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Category: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Please place a check next to your preferred method of payment.

Check: \_\_\_\_\_ Charge to Credit Card: \_\_\_\_\_

Visa/Master Card/Discover Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name of Cardholder: \_\_\_\_\_

Please place a check next to the Chamber programs that you would like more information about.

Member Discount Programs: \_\_\_\_\_

Public Policy Issues: \_\_\_\_\_

Committees: \_\_\_\_\_

Advertising Opportunities: \_\_\_\_\_

Networking Events: \_\_\_\_\_

Sponsorship Opportunities: \_\_\_\_\_

Business Counseling: \_\_\_\_\_

Economic Development Issues: \_\_\_\_\_

### Investment Calculator

Annual base dues (five or less employees): \$ 408

Six or more employees add \$2 per employee: \$ \_\_\_\_\_

(Two part-time employees equal one full-time employee)

Initial Set-up Fee \$ 25

TOTAL INVESTMENT: \$ \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE CHAMBER?

\_\_\_\_\_

FOR OFFICE USE ONLY

Member #: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Entered By (Initials): \_\_\_\_\_

Category: \_\_\_\_\_