

Chamber Membership Application

This schedule has been carefully developed to determine the most equitable fair share investment in your Chamber of Commerce.

CLASSIFICATIONS

1. Administrative Offices, Retail, Manufacturing, Real Estate, Professional Services, Restaurants

(Dues Based On Number of Employees)

0-2	\$280
3-5	\$325
6-9	\$380
10-19	\$435
20-34	\$490
35-49	\$560
50 & up	\$625
+ \$3.00	per employee over 50

2. Financial Institutions: \$625 base, plus \$5 per million for first \$100 million in deposits in Chicago Southland locations and \$2 per million over \$100 million in deposits.

3. Hotels, Motels: \$400 base, plus \$1.25 per room.

4. Hospitals, Health Clinics, Nursing Homes: \$425 base, plus \$1.25 per licensed room.

4. Utilities: \$1100

5. Educational Institutions, Government: \$540

6. Not-For-Profit & Volunteer Support Groups: \$250

7. Participating Executive

Additional representatives from your firm may be assigned to represent your firm at Chamber activities for an additional \$100 each. As Participating Executives, they receive all Chamber membership mailings, including Chamber invitations, the magazine, etc.

HOW TO DETERMINE YOUR MEMBERSHIP INVESTMENT

Refer to the classification schedule to determine your base dues. Part-time employees are counted as 1/2 an employee.

For companies with 50 or less employees:

Base Dues \$ _____

For Companies with more than 50 employees:

Base Dues \$ _____

Number of employees over 50: _____

Multiply above number by \$3.00 \$ _____

Participating Executive (\$100 each): \$ _____

New Member Registration Fee \$ 35.00

Total \$ _____

Payable by Cash, Check, Mastercard, Visa or Discover

Dues to the Chicago Southland Chamber of Commerce may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that the Chicago Southland Chamber engages in state or federal lobbying. The non-deductible portion of dues is 20%.

Please be accurate and complete. Type or print legibly. This information will be used in Chamber publications.

Organization Name: _____

Representative: _____ Title: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web site: _____

Number of employees in Chicago Southland locations: _____ SIC Code: _____

Brief Description of your Product or Service for the Membership Directory (maximum of 100 characters):

Participating Executive: _____ Title: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web site: _____

Referred by: _____ Cash Check Credit Card

Credit Card Number: _____ Exp. Date: _____

I hereby subscribe to membership in the Chicago Southland Chamber of Commerce and will submit my dues investment annually until membership is cancelled in writing.

Cardholder Name: _____ Signed: _____ Date: _____

I hereby authorize the Chicago Southland Chamber of Commerce to fax and e-mail information.