



# Membership Investment Application

**Business Name:** \_\_\_\_\_

Address for publications and website:

\_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address:

\_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

(If different than above)

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_

Business General Email: \_\_\_\_\_

Website: \_\_\_\_\_

Description of Business: *(200 Character limit)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(All information above will be published on the Chamber website and in the Chamber newsletter unless otherwise requested.)*

Main Category Listing: \_\_\_\_\_ Additional Listings: \_\_\_\_\_

Keywords for internet search engine \_\_\_\_\_

\_\_\_\_\_

**Main Contact:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Add'l Contact:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Add'l Contact:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#FT Employees: \_\_\_\_\_ #PT Employees \_\_\_\_\_ Date Established: \_\_\_\_\_

(see other side)

**Social Network**

**Linkedin:** \_\_\_\_\_

**Facebook:** \_\_\_\_\_

**Would you like to participate in the GIFT CERTIFICATE PROGRAM:**      **YES**              **NO**

Please circle above

The St. Charles Chamber of Commerce offers a gift certificate program similar to a mall gift certificate. Gift Certificates are available for purchase at the Chamber office with a list of chamber members participating in the program. This is an excellent **member only** benefit.

- No cost involved!! We reimburse our members 100%
- Certificates are numbered, dated, signed and embossed with the chamber seal.
- Certificates do not have an expiration date.
- Certificates are not redeemable for cash.
- The chamber is not responsible for lost or stolen certificates.

**This annual investment shall continue until the St. Charles Chamber of Commerce is given notice of intention to cancel membership.**

The undersigned agrees to pay the St. Charles Chamber of Commerce the sum of:

**Membership Level:** \$ \_\_\_\_\_ See Attached Membership Level Choices and Menu of Options

(Choose a Payment Schedule) **Annual** \_\_\_ **Semi-Annual** \_\_\_ **Quarterly** \_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return with a check made payable to: **St. Charles Chamber of Commerce**  
3755 E. Main St., Suite 140, St. Charles, IL 60174  
Or fax with credit card information to 630-584-6065

Name as Printed on Credit Card \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3 Digit Verification Number \_\_\_\_\_ (Located on the back of the card to the right of the signature panel)

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

While contributions or gifts to the St. Charles Chamber of Commerce are not tax deductible as charitable contributions for Federal income tax purposes, they may be tax deductible under other provision of the Internal Revenue Code.