



Business 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: _____

#FT Employees: _____ #PT Employees _____ Date Established: _____

Referred by: _____

(see other side)

LinkedIn: _____

Facebook: _____

YouTube: _____

Twitter: _____

Would you like to participate in the GIFT CERTIFICATE PROGRAM: YES NO (circle one)

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
(New Members, add \$30 one time Administrative Fee)

Signed: _____ Date: _____

_____ I would like to have my membership renewal automatically processed on my credit card until I (initials) notify the St. Charles Chamber of Commerce otherwise. Please provide credit card information below.

Return with a check made payable to: **St. Charles Chamber of Commerce**
216 Riverside Ave, 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 or 4 Digit Verification Number _____ (Located on the back of the card or on front for AMEX)

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.