**MEMBERSHIP APPLICATION FORM**

**Completed form to be sent to:** **office@mahometchamberofcommerce.com**

**512 E Main St, PO Box 1031, Mahomet, IL 61853**

**Office Ph: 217-586-3165 • Director Phone: 217-840-2700**

**All sections below must be completed completely. The membership fee is due with application, in the event membership is rejected the applicant shall receive 100% refund of dues submitted. Your membership information is posted to our on-line member directory on our website. Please provide the information that you want posted for the general public.**

**Business Name**

**Physical Address**

**Physical Address City, State & Zip**

**Mailing Address** □ **Same as above**

**Mailing Address City, State & Zip**

**Main Business Phone Number**

**Main Business Fax Number**

**Business Website Address**

**Business Category:** Check all categories that apply to your business

 □ **Advertising & Media** □ **Agriculture, Fishing & Forestry**

 **□ Automotive & Marine □ Business & Professional Services**

 **□ Community & Civic Organizations** □ **Computers & Telecommunications**

□ **Contractors, Artisan & Construction □ Educational**

 **□ Finance & Insurance □ Fuel/Oil**

 **□ Government □ Health Care**

**□ Home & Garden □** **Industrial Supplies & Services**

**□ Legal □ Lodging & Travel**

 **□ Manufacturing Production & Wholesale □ Personal Services & Care**

 **□ Pets & Veterinary □ Public Utilities & Environment**

 **□ Real Estate, Moving & Storage □ Religious Organizations**

 **□ Restaurants, Food & Beverage □ Sports & Recreation**

 **□ Shopping & Specialty Retail □ Technology**

 **□ Transportation □ Water, Drinking**

**Brief description of your business**

**For person completing this application:** **Today’s Date:**

**Membership Contact Name**

**Membership Contact Email Address**

**Membership Contact Phone Number** **Cell Number**

**Anniversary Date of Being in Business:**

**Number Full Time Employees:** **Number Part-Time Employees:**

**Select the Membership level that best represents your business:**

 □ **Business Membership $250.00**

*Defined as a business based our of a retail or commercial space (not a home office)*

 □ **Associate Membership $150.00**

 *Define as an additional business owned by an already existing Business Member*

 □ **Home-Based Business Membership $100.00**

 *Defined as a business based solely out of their home with no retail/office space outside the*

 *home and limited to one employee*

□ **Religious Institution Membership** **$100.00**

 *Defined as a church or other religious institution*

□ **Not-for-Profit Membership $150.00**

 *Defined as a business that is classified as a not-for-profit organization*

**Please indicate one of the following (note membership is not active until receipt of dues in full)**

 Check included Invoice requested

 Check to follow by mail Paying by Credit Card\*

 (*Visa, Mastercard, Discover, American Express*)

\***Name on Credit Card:**

**Credit Card #**

**Expiration Date** **CVV #** **Zip Code**

**Signature**

**Please email your Business Logo to the Chamber office:** **office@mahometchamberofcommerce.com** **for future use and use on the Chamber website.**