



CAHOKIA HEIGHTS CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

www.CahokiaHeightsChamber.org

Name of Company / Individual: _____

Member Contact: _____

Type of Business: _____ # Employees: _____

Business Owner: _____ Title: _____

Business Address: _____

Email Address: _____

Company Web Site: _____

(The Chamber sends notices of upcoming events by email whenever possible to save on postage.)

City, State, Zip: _____

Phone Number: _____ Fax #: _____

Mailing Address: _____

Mailing Address City, State, Zip: _____

Tell us about your company:

MEMBERSHIP FEE SCHEDULE (PLEASE INITIAL AND DATE)

Membership term: Annual, May 1st to April 30th

Business Member with 75+ employees	\$100.00	Initial:	Date:
Business Member with 11-74 employees	\$75.00	Initial:	Date:
Business Member with 1-10 employees	\$50.00	Initial:	Date:

Make your check to: "Cahokia Heights Chamber of Commerce"

Mail check and this application to: P.O. Box 1605, Cahokia Heights, IL 62206

Authorized Signature: _____ Date: _____

For more information contact: Virginia Edward, Treasurer, 618-225-7158.