



Cahokia Area Chamber of Commerce Membership Application

Name of Company / Individual: _____

Member Contact: _____

Type of Business: _____ # Employees: _____

Business Owner: _____ Title: _____

Business Address: _____

City, State, Zip: _____

Phone Number: _____ Fax #: _____

Email Address: _____

Company Web Site: _____

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

Address: _____

City, State, Zip: _____

Tell us about your company: _____

Membership Schedule - Please initial & Date

| | | | | |
|--------------------------------------------------------------------|----------|-------|------|-------|
| Business Member <i>(Business with 75+ Employees)</i> | \$100.00 | _____ | Date | _____ |
| Business Member <i>(Business with 11+ Employees)</i> | \$ 75.00 | _____ | Date | _____ |
| Business Member <i>(Business with 1 to 10 Employees)</i> | \$ 50.00 | _____ | Date | _____ |

Checks to be made out to "Cahokia Area Chamber of Commerce"

Mail With application to: P. O. Box 1605, Cahokia, IL 62206

Authorized Signature: _____

For More Information Contact: Virginia Edwards, President at 618-337-4721