

*Ottawa Area Chamber of Commerce & Industry
New Member Application (Page 1)*

Name of Business _____ Application Date _____
 Physical Address _____ City _____ State _____ Zip _____
 Business Phone (Main) _____ Fax _____ Website _____

The Choice for my Business/Organization

Not including a la carte sponsorship opportunities to customize my investment.

- Diamond Member (\$5400), *Ideal for 150+ employees*
- Gold Member (\$2000), *Ideal for 50-150 employees*
- Silver Member (\$1040), *Ideal for 25-50 employees*
- Bronze Member (\$500), *Ideal for 10-25 employees*
- Professional Member (\$315), *Ideal for up to 10 employees*
- I have no business affiliation and would like to support the Chamber as an Individual or Clergy Member (\$95)
- This is a "Non-Profit" organization, please take 35% off
- This qualifies as a "Home-Based" business, please take 25% off
- This qualifies as an "Affiliate" business, please take 50% off *

**Applies to any business affiliated with a current member business under a different name and/or location (i.e. branch office or a single owner with multiple businesses).*

Preferred Billing Frequency

Please submit your application for approval by the Board.

- Please invoice me for my annual investment
(Payment will be made within 30 days of the invoice)
- Charge my bank account (No additional fee)
 - ____ Monthly
 - ____ Quarterly
 - ____ Semi-Annually



Go Green Today for a Greater Tomorrow

After your first invoice, the Chamber will email your invoices.
 Please check here if you **do not want** email invoices _____

The policy of the Ottawa Area Chamber is to provide mailing list info including phone and fax to members and others that request it.

For your convenience, all annual membership investment levels are customizable, upgradeable and automatically renewable.

Primary Contact or Owner Signature _____ Date _____

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Brief Description of Products/Services _____

Primary Contact _____ Birthday _____ Alt. Phone _____
 Email _____ Preferred Communication (*circle one*) **Email** **Fax**
 Mailing Address (*if different from Physical Address*) _____
 Title _____ City _____ State _____ Zip _____

Other Contact _____
 Email _____ Preferred Communication (*circle one*) **Email** **Fax**
 Mailing Address (*if different from Physical Address*) _____
 Title _____ City _____ State _____ Zip _____

Please contact the Chamber if you would like to add more contacts to our mailing list.

Questions? Please contact Meg Skelly at 815-433-0084. Go to www.ottawachamberillinois.com for more info!
 Please send completed application **by mail**, 633 LaSalle Street Suite 401, Ottawa, IL 61350; or **by fax** 815-433-2405.

Office Use Only Board Approval Date _____ Membership Begins _____
 New Member Packet Sent _____ Entered in Database _____ Initials _____

