

2017 MEMBERSHIP APPLICATION

Your Name: _____

Business Name: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

Email: _____

Please list others who should also receive emails from the Logan Square Chamber:

Please supply a one-sentence description of your business (for display on Chamber Materials and website)

2017 Membership Dues (check one box)

- | | | |
|--|---|---|
| Business/Commercial
(Locally Owned) | <input type="checkbox"/> 1-4 employees \$100.00 | <input type="checkbox"/> 5-9 employees \$150.00 |
| | <input type="checkbox"/> 10-24 employees \$200.00 | <input type="checkbox"/> 25+ employees \$250.00 |
| <input type="checkbox"/> National Chain or Franchise | \$250.00 | |
| <input type="checkbox"/> Financial Institution (bank or similar) | \$300.00 | |
| <input type="checkbox"/> Not-For-Profit | \$100.00 | |
| <input type="checkbox"/> Supporter (non-business, non-voting) | \$ 50.00 | |

We now accept Visa & Mastercard. You can fax the application back to us at 773-489-3760.

Name on Card: _____

Address if different than above _____

Signature: _____

Card #: _____

Expiration Date: ____ / ____

Security or I.D. #: ____

You can also send a check payable to
Logan Square Chamber of Commerce
3147 W. Logan Blvd., Suite 12
Chicago IL 60647
Phone: 773-489-3222 Fax: 773-489-3760
Email: info@loganchamber.org

Visit our website: www.loganchamber.org
and press the Paypal button for secure online payment