

# MEMBERSHIP APPLICATION

Return to: Carbondale Chamber of Commerce | PO Box 877 | Carbondale, IL 62903  
Fax: (618) 529-5063 | Phone: (618) 549-2146 or [info@carbondalechamber.com](mailto:info@carbondalechamber.com)

Date: \_\_\_\_\_

## Member Information

Organization Name \_\_\_\_\_

Business Phone \_\_\_\_\_

Toll Free Phone \_\_\_\_\_

Fax \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Category \_\_\_\_\_

Number of Full-Time Employees \_\_\_\_\_

Number of Part-Time Employees \_\_\_\_\_

*(See attached sheet for a complete list of business category options)*

Business Description for [carbondalechamber.com](http://carbondalechamber.com) Business Directory (200 words or less)- please continue on backside.

Hours of Operation (Summer Months) \_\_\_\_\_

Hours of Operation (Winter Months) \_\_\_\_\_

Year Business Started \_\_\_\_\_

Keywords for website search– Up to 8 words \_\_\_\_\_

Website \_\_\_\_\_

## Enhanced Listing Information

Directions to Your Business (15 words or less)

- Facebook \_\_\_\_\_
- Linked In \_\_\_\_\_
- Twitter \_\_\_\_\_
- You Tube \_\_\_\_\_
- Logo (please email to [jessica.maloney@carbondalechamber.com](mailto:jessica.maloney@carbondalechamber.com))
- Up to 8 photos (please email to [jessica.maloney@carbondalechamber.com](mailto:jessica.maloney@carbondalechamber.com))



# Representative Information

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Primary Representative	Title	Phone	Email
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Billing Representative	Title	Phone	Email
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Other Representative	Title	Phone	Email
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Other Representative	Title	Phone	Email
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Other Representative	Title	Phone	Email
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# Referral

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Were you referred to the Chamber by another member?  Yes  No

If yes, please list by whom: \_\_\_\_\_

# Investment Information

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Refer to the Investment Guideline for your investment.

**Annual Investment** \$ \_\_\_\_\_  
(See investment guidelines)

**Additional Categories** \$ \_\_\_\_\_  
(\$15 each)

**Application Processing Fee** \$ \_\_\_\_\_ 25

**TOTAL** \$ \_\_\_\_\_

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Full or Partial Payment Amount: \$ \_\_\_\_\_

Check # \_\_\_\_\_

Credit/Debit Card      Mastercard      Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Authorization Code \_\_\_\_\_

Name on Card \_\_\_\_\_

I would like my invoice sent by email

I would like my invoice sent by mail

The undersigned hereby makes an application for membership in the Carbondale Chamber of Commerce. The applicant acknowledges that they have received and will maintain all licensing required and accreditation being promoted pay any required taxes applicable, and information disclosed on application is reflected accurately. Membership investment in the Carbondale Chamber of Commerce may be tax deductible as an ordinary and necessary business expense, but not as a charitable tax deduction for federal income tax purposes.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

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