

Membership Application

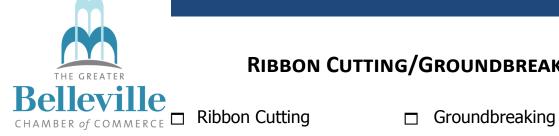
GREATER BELLEVILLE CHAMBER OF COMMERCE

Bus	iness In	formation					
Comp	any Name:						
Address:							
City/S	State/Zip: _						
Phone	e:			Fax:			
Comp	any E-Mail:	:	Web	site: _			
Year I	Founded: _	esent Location:	nt Location: Number of Employees:				
	Website	Membership Category Lis	tings #1:		#2:		
	Ex: AAA E	Bank (Listing #1 Finance/Fina	ancial Advisors Listin	g#2B	anking Associates)		
	al Investme	grams the Chamber is hostin	g.)				
	Business Partners			Special Partners			
	0-5	Employees	\$225		Platinum	\$15,000	
	6-10	Employees	\$300		Gold	\$10,500	
	11-25	Employees	\$410		Silver	\$5,200	
	26-50	Employees	\$500		Bronze	\$2,600	
					Friends of the Chamber	\$1,100	
	1				Chamber Alliance	\$550	
	Individu	Individual \$205		_			
	Retired	Retired \$100					
□ C					_Security Code Exp Date	o:	



CONTACT INFORMATION

Representative One			
Name/Title:			
Location Address:			
City, State, Zip:			
Phone #: Email:			
Would Like to Receive Weekly Email Updates?	□ Yes	□ No	
Would Like to Receive Monthly Chamber Connection Newsletter:	□ Yes	□ No	
Representative Two			
Name/Title:			
Location Address:			
City, State, Zip:			
Phone #: Email:			
Would Like to Receive Weekly Email Updates?	□ Yes	□ No	
Would Like to Receive Monthly Chamber Connection Newsletter:	□ Yes	□ No	
Representative Three			
Name/Title:			
Location Address:			
City, State, Zip:			
Phone #: Email:			
Would Like to Receive Weekly Email Updates?	□ Yes	□ No	
Would Like to Receive Monthly Chamber Connection Newsletter:	□ Yes	□ No	
Representative Four			
Name/Title:			
Location Address:			
City, State, Zip:			
Phone #: Email:			
Would Like to Receive Weekly Email Updates?			



RIBBON CUTTING/GROUNDBREAKING APPLICATION

Business Name:
Location Address:
City, State, Zip:
Phone #: Email:
President/Owner Name:
Hours of Operation:
Description of Business:
Public Invited: ☐ Yes ☐ No
We will have: ☐ Refreshments ☐ Buffet ☐ Special Offers ☐ Special Activities
□ Other
Please Describe:
Date and Time of Event:
Date and Time of Event.
☐ Please issue press release for this event ☐ Do not issue press release for this event
☐ Put event information on email update ☐ Post event on website calendar
☐ Fust event information on email apacte ☐ Fost event on website calendar
Deturn form at least three weeks before your event to the Membership Development
Return form at least three weeks before your event to the Membership Development Director, Greater Belleville Chamber of Commerce, 216 East A Street, Belleville, IL 62220
or fax to (618) 233-2077. Please call us at (618) 233-2015 with any questions.