



2010 Membership Application

Please Print or Type within the boxes.

Company Name:

Street Address:

City: State: Zip:

Phone: () Fax: ()

Website Address:

Number of Employees:

Please provide contact information so that we can notify them of programs and services.

Contact: _____ Email: _____

Company Description :

Investment Schedule	
Number of Employees	Investment
1-5	\$125.00
6-10	\$150.00
11-30	\$175.00
31+	\$200.00

Not-for-Profit organizations are ½ of the investment Cost based on number of employees.

Membership Investment	
	Investment: _____
	Total Due: _____
Send Check to:	
Bensenville Chamber of Commerce	
P.O Box 905	
Bensenville, IL 60106	
630-860-3800 Email:board@bensenvillechamber.com	

The undersigned makes application for membership in the Bensenville Chamber of Commerce & Industry. Membership in the Chamber enables all company employees to actively participate in special groups, councils, committees, task forces and programs within the Chamber's structure. .

Signature _____ Date _____