



# Membership Application

Please Print or Type within the boxes.

New member: \_\_\_\_\_ Renewal: \_\_\_\_\_

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 (50 words or less)

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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, program and services within the Chamber's structure. The membership covered by this application shall be considered as renewed on a yearly basis on the anniversary month of the membership, unless notices are given prior to renewal. Annual investment will be paid in advance.

Signature

Date