

2010 Membership Application

Contact Information (as it should appear in the directory)

Contact Name: _____

Title: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Do not publish e-mail

* To ensure Lincoln Park Chamber of Commerce (LPCC) e-mails bypass your company's spam filter, please allow the word "LPCC" in the subject line or body of incoming messages.

Website: _____

Phone: _____

Fax: _____

Send faxes about LPCC events, programs and business-related issues

Do not send faxes

Signature: _____

* FCC regulations require your signature to confirm your permission for LPCC to communicate with you.

How did you hear about the LPCC?: _____

Reason for joining the LPCC: _____

Date your business opened: _____

Brief description of your business (used by staff for referral purposes):

Are you a home-based business? Yes No

Company Billing Address

Same as above

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

E-mail: _____

Investment Schedule

Your number of full-time employees determines your dues for one full year.

Number of Full-Time Employees	Annual Dues
1-5 employees	\$225
6-25 employees	\$295
26-50 employees	\$390
51-100 employees	\$580
101+ employees	\$770
Associate membership*	\$95

*The addition of a representative or location to the main membership.

Number of Full-Time Employees: _____

Annual Dues (see above): \$ _____

One-Time Administrative Fee: \$25 _____

LPCC Online Directory Enhanced Package Including 20-Word Business Description and Logo*: \$150 (optional) _____

*Please attach typed business description to application. Business description is good for one full year.

Additional Contribution: \$ _____

TOTAL (include \$25 admin. fee): \$ _____

Your association dues are deductible as a business expense.

Payment Options

Check Visa MasterCard

Account #: _____

Expiration Date: _____ CVV Code: _____

(3 digit code on the back of card)

Name on Card: _____

Signature: _____

Credit Card Billing Address (including zip code):

Same as company billing address

Please return this form with your payment to:

Lincoln Park Chamber of Commerce
1925 N. Clybourn, Suite 301
Chicago, IL 60614
Fax (773) 880-0266

Membership in the Lincoln Park Chamber of Commerce is one of the best investments you can make in your business!