

MEMBERSHIP APPLICATION



Business Name _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____ Business Number () _____

Email Address _____ Fax Number () _____

Web Site _____ Home Number () _____

Hours of operation: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Summer Hours if different: Yes No

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Number of Employees: _____ Full Time _____ Part Time

RCC Membership Investment

Annual Dues \$ 325.00 Credit Card #: _____

Pro-Rated Membership* \$ _____ 3-Digit Code (located on back of card) _____

Exp. Date: ___ / ___

Name on Card: _____

Billing Address: _____

Phone #: _____

Amount Enclosed: \$ _____

Payment Options:

Visa MC

Check Cash

Make checks payable to RCC



Dues are based on calendar-year membership and are billed in December.
Dues are pro-rated for the current year, based on the month in which you join.

When a consumer calls the Rockford Chamber of Commerce Office and asks about your business, what would you like us to tell them? Maximum of 50 words, please.

Please send information on the **health plan** and/or **dental plan**. (Please circle selection)

I would like to become involved in the following committees/events:

- | | | |
|--|---|--|
| <input type="checkbox"/> Ambassadors Club | <input type="checkbox"/> Harvest Festival | <input type="checkbox"/> Santa Parade |
| <input type="checkbox"/> Annual Meeting | <input type="checkbox"/> Marketing Committee | <input type="checkbox"/> SOS Celebration |
| <input type="checkbox"/> Community EXPO | <input type="checkbox"/> Neighborhood Business Assoc. | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Community Golf Outing | <input type="checkbox"/> Networking Committee | <input type="checkbox"/> Tourism |

Signature

Date

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