

ALTAMONT CHAMBER OF COMMERCE
MEMBERSHIP APPLICATION
www.altamontchamber.com

Date: _____
Name of Company: _____
Physical address: _____
City: _____ State: _____ Zip code: _____
Mailing address: _____
Telephone: _____ Fax number: _____

E-Mail address: _____
Website: _____

Type of business: _____

Due Structure:

Individual: \$50
Business employees 10 and under: \$100
Business employees 11 and over: \$150

Dues payable by January 1 of each year

Membership includes: Free advertising on the Altamont Chamber of Commerce website.

Comments: What can the chamber do to help your business grow?

If this portion is not completed the chamber cannot accomplish its goal of helping your business and community grow. We need your suggestions and ideas.

Signature: _____

Mail to:
Altamont Chamber of Commerce
P O Box 141
Altamont, IL 62411