

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:

<i>Individual:</i>	\$25.00
<i>Business: employees- 10 and under</i>	\$75.00
<i>Business: employees-11 – 20</i>	\$100.00
<i>Business: employees 20 and up</i>	\$125.00

Please pay dues by January 31, 2008

Membership includes: Free advertising on the NEW 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: _____

Payment method: Cash _____ *Check* _____
Credit Card: _____ *expiration date:* _____
Security code (3 digit # on back of card) _____

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