

**NORTHFIELD CHAMBER OF COMMERCE
2010 MEMBERSHIP APPLICATION**



Date of application _____

Company Name

Business Category

Number of Employees: Full Time Part Time

Address

City State Zip

Phone Fax

Email (will not be published or distributed)

Website (will be linked to the Chamber website)

Primary representative, title & email and anyone else in your organization who should receive our information:

Business Description (in 25 words or less) to be used in Chamber publications

Who, if anyone, referred you to the Chamber?

NORTHFIELD CHAMBER OF COMMERCE

One Northfield Plaza, Suite 300
Northfield, IL 60093
Phone (847) 441-1848 Fax (847) 441-1849
www.northfieldchamber.org info@northfieldchamber.org

MEMBERSHIP INVESTMENT

Employees	Dues
1 - 3	\$225
4 - 10	\$250
11 - 20	\$275
21 - 50	\$300
51 - 100	\$400
101 - 250	\$525
Over 250	\$675
Banks	\$600
Non-profits Volunteer only	\$100
Non-profits - Paid staff	\$200

Includes all full-time owners, employees, sales associates and consultants.
2 part-time employees equal 1 full-time employee
Membership is deductible as an ordinary & necessary business expense.

\$ _____ Annual Membership
\$ _____ Quarterly New Resident List \$35
\$ _____ Add'l Business Category Listings \$25 each
\$ _____ TOTAL

PLEASE INDICATE METHOD OF PAYMENT

Check Enclosed
Make checks payable to Northfield Chamber of Commerce

Charge my:
 Visa/MasterCard

_____ - _____ - _____

Exp. Date _____ - _____ (mm-yy)

V-Code _____ (on back of care)

Authorized Signature

Please complete this form and return it to the Northfield Chamber with your payment, your business card & company brochure.