



MOKENA

CHAMBER OF COMMERCE

Creating Community Connections

2018 MEMBERSHIP APPLICATION

Chamber Membership is the Smartest Business Investment you can make

Business Name _____

Contact Name _____ Title _____

Business Phone _____ Cell Phone _____

E-mail _____ Fax _____
(Please include e-mail address to receive weekly Chamber updates)

Address _____ City _____ State _____ Zip: _____

*Mailing Address _____ City _____ State _____ Zip: _____
*ONLY IF DIFFERENT THAN PHYSICAL ADDRESS

Website _____ Referred By _____

DESCRIPTION OF BUSINESS (will be posted on Chamber website):

Signature _____ Date _____

- I WOULD LIKE A RIBBON CUTTING CEREMONY FOR MY NEW BUSINESS
- I WOULD LIKE TO HOST A BUSINESS AFTER HOURS AT MY BUSINESS
- I WOULD LIKE TO BE INVOLVED ON A CHAMBER COMMITTEE

MEMBERSHIP TYPE

Regular Membership	\$195.00	\$ _____
Home-Based Business	\$90.00	\$ _____
Civic / Non-Profit	\$90.00	\$ _____
TOTAL DUE.....		\$ _____

PLEASE RETURN FORM AND PAYMENT TO:
 Mokena Chamber of Commerce, 19150 Wolf Road, Suite C, Mokena, IL 60448
 Phone: 708-479-2468 Fax: 708-479-7144
 E-mail: chamber@mokena.com Website: www.mokena.com

Membership Fee Payment: Please submit FULL payment with application.

Amount Due***\$ _____

Check is enclosed

Credit Card Payment: _____ Visa _____ Master Card _____ Discover _____ AMEX

Credit Card Number: _____ Exp. Date: ____/____ Security Code: _____

Cardholder Name: _____