



**2025 MEMBERSHIP APPLICATION**

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Physical Address \_\_\_\_\_ *If applicable* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ *If applicable* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Referred by \_\_\_\_\_ *If applicable* \_\_\_\_\_ Year business opened \_\_\_\_\_

Business Description (will be posted on chamber website)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEMBERSHIP LEVELS:**  
*\*Choose your type of membership*

Regular Membership - \$225 for 12 months from joining

Charitable: 501(c)3\* - \$125 for 12 months from joining  
*\*Schools/hospitals are not eligible for discount*

- I would like to host a Ribbon Cutting Ceremony at my business
- I would like to host a Business After Hours at my business

**Please return form and payment to:**

Mokena Chamber of Commerce • 11104 Front Street, Suite 1B, Mokena, IL 60448  
 708-479-2468 • chamber@mokena.com • www.mokena.com

Membership Fee Payment:  
 Please submit FULL payment with application. Payment is non-refundable.

Amount Due: \_\_\_\_\_  Check enclosed  Paid online at mokena.com/payment