

WINFIELD CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION FORM

The undersigned agrees to pay the Winfield Chamber of Commerce the sum of \$_____ annually as its business' share of the costs of maintaining the Chamber's programs.

Business/Organization _____

Contact Person _____ Title _____

Address _____ City/Zip _____

Phone _____ Fax _____ E-mail _____

Website _____

Description of Business _____

Number of Employees: Full-time _____ Part-time _____ Date Established _____

Signature _____ Date _____

Return with a check payable to WINFIELD CHAMBER OF COMMERCE, P.O. Box 209, Winfield, IL 60190

Annual Membership Dues Schedule

(Based on the total number of people, including owner(s), paid to help operate your business. Part-time employee counts as one-half employee.)

1 to 3 people...\$125.00; 4 to 6 people...\$195.00; 7 to 9 people...\$295.00; 10 or more people \$395.00

Banks, Hospitals, Newspapers, Utilities, and Businesses with 50 or more people...\$495.00

Associates, Schools, Churches, and Local Not-for-Profit Clubs & Organizations...\$75.00

Note: Payment of membership dues is deductible for most Chamber members as an ordinary and necessary business expense. Contributions or gifts to Chamber are not deductible as charitable contributions for Federal income tax purposes.

Any questions, feel free to contact the Winfield Chamber of Commerce, 630-682-3712.