

APPLICATION FOR MEMBERSHIP

Name of Business Owner: _____

Name and Address of Business: _____

(***Please include P.O. Box) _____

Business Phone Number: _____

Business Fax Number: _____

Business Web Site (if applicable) _____

E-mail address (if applicable) _____

(***Important for notification of events!)

Name or Individual Attending Chamber Meeting If Other Than Owner:

Primary Function of Business: _____

Please complete the above application and mail along with a check for \$150.00 annual membership payment to:

Beecher Chamber of Commerce
P.O. Box 292
Beecher, IL 60401

Any entity which does business inside Washington Township or has a business located within Washington Township is eligible for membership. Meeting attendance is not mandatory for membership.

If you have any questions or concerns, please call our Chamber of Commerce office at 946-6803.