



2019

Membership Application

Business Name: _____

Business Address: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

Facebook Page: Yes / No (please circle one)

Website: _____

Email Address: _____

How would you prefer to be informed about the Chamber's events, programs etc.?

Mail: _____ Email: _____

Would you be interested in hosting a Business After Hours in 2019?

Yes, please contact me! _____ No, thank you. _____

Membership Fees for the Chamber are \$70.00 (Jan. 1st – Dec. 31st). Please make checks payable to **Iroquois County Chamber of Commerce.**

*Membership decals will be distributed at the Annual Meeting.

Please Return this Application & Payment to:

Iroquois County Chamber of Commerce
P.O. Box 13 Gilman, IL 60938

The following Survey will help the Board of Directors plan for 2019 & beyond, with your business in mind. Thank you.

Which of the Events/Programs from 2018 would you like us to continue? (Check as many as you wish)

- _____ Business After Hours _____ Chamber Scholarship
- _____ Christmas Decoration Contest _____ Super Saturday
- _____ Small Business Saturday _____ Town Wide Yard Sales

Do you have any suggestions for programs or events in 2018? _____

What business area would you like to be more informed about? (Check as many as you wish)

- _____ Marketing _____ Human Resources
- _____ Tax Laws & Breaks _____ Social Media Presence
- _____ Other: _____

Approximately how many people do you employ? _____

Would you or someone from your organization be interested in joining our Board of Directors?

_____ Yes, Please contact _____ _____ No, Not at this time

Would you or someone from your organization be interested in joining one or more of our Committees?
(Business After Hours, Small Business Saturday & Super Saturday)

_____ Yes, Please Contact _____ _____ No, Not at this time