2010 MEMBERSHIP APPLICATION

____New Member ___Renewing Member

If NEW, were you referred by a current SCC Member? _____Yes _____No

If yes, what is their name? _____

My primary reason for joining the Chamber: _____Networking _____Social _____Education Other_____

_____
Name Title

_____
Company Name

_____
Mailing Address

_____
City State Zip Code

_____
Telephone Cell Fax

_____
E-mail Website

MEMBERSHIP CATEGORY

_____Independent/Corporate Business (1-15 employees) **$200** _____Independent/Corporate Business (16+ employees) **$400**

PAYMENT INFORMATION

_____Check _____Visa _____MasterCard _____American Express _____Discovery Card

_____
Credit Card # Expiration Date Security Code

_____
Name as it appears on card

_____
Billing Address

Application may be faxed to: 312.664.2746

_____I will register for 2010 membership in the Streeterville Chamber of Commerce either at www.streetervillechamber.org or by calling the Chamber at 312.664.2560.

_____Please bill me for 2010 membership in the Streeterville Chamber of Commerce.

_____Please send me **Streeterville St.**, the new Streeterville Chamber of Commerce membership prospectus, absolutely FREE.

For more information, please contact Executive Director Mable Buckner at 312.664.2560 or info@streetervillechamber.org