



2016 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

Email Fax

Membership Category

___ Independent/ Corporate Business (1-15 employees) \$250.00 ___ Independent./ Cooperate Business (16+ employees) \$450.00

Payment Information

___ Check ___ Visa ___ MasterCard ___ American Express

Credit Card _____ Exp _____ CVV _____

Name as it appears on card

Billing Address

City State Zipcode

Please scanned to mable@streetervillechamber.org or mail to

Streeterville Chamber of Commerce 200 E. Illinois Street, Suite 3212 Chicago, IL 60611

For more information, Please contact President & CEO Mable Buckner-Payton at 312.664.2560