

SYCAMORE CHAMBER MEMBERSHIP AGREEMENT

Business Name _____

Contact Person _____ Title _____

Business Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____ Web site _____

* No. of Full-time Employees _____ No. of Part-time/Seasonal Employees _____

Short description of your business (this information will be used for our newsletter) _____

Type of Membership:

Dues are based on the number of employees per business; two part-time count as one full time.

_____ Retail/Service

Dues are \$105.00 per membership.

_____ Home Based Business/Associate

_____ Civic Clubs/Non-Profits

_____ Schools/Government Bodies/Parks

_____ Patron (Retired Business Person)

All chamber dues and related expenses are tax deductible as a business expense, as permitted under prior law (1098). Pursuant to the Revenue Act of 1987, we are required to advise you that your Sycamore Chamber of Commerce dues are not deductible as a charitable contribution for federal income tax purposes.

We will make an annual investment of: \$ _____ The Chamber will bill your company annually.

Payment Information:

_____ Check or _____ Visa/Master Credit Card # _____ (_____)
Exp. Date

_____ Quarterly Electronic Funds Transfer

Please return completed application and payment to:

Sycamore Chamber of Commerce, 407 West State Street, Suite 10, Sycamore, IL 60178

Signature

Date