



PO Box 357 • Manhattan, Il 60442 • (815) 478-3811
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Member Application: Year _____ New ___ Renewal _____

Business Name: _____

Contact Person(s): _____ Title: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____ Web Page(s): _____

BUSINESS INFORMATION:

Hours: _____ Year Established: _____

Number of Employees: _____ Type of Business: _____

Description of business, including kinds of products and services offered:

Non Profit Agencies must provide 501C3 Number: _____

All membership fees are due by December 31st. Payments received after this date are subject to a \$25 late charge.

Additional businesses are 75% of 1st membership fee

Membership: Standard Yearly \$100 **Non for profit:** \$50 **Individual:** \$50

Additional Items:

Sponsor newsletter ad \$80/Yr or \$10/monthly

Welcome Bags \$100/Yr or \$20/bimonthly

Website Ad (2" x 1-3/4") \$250/Yr or \$50/monthly

Total Amount Enclosed: \$ _____

Please fill out the entire application and sign below. Your cancelled check is your only form of receipt. Please make checks payable and return original application to Manhattan Chamber of Commerce and mail to address above.

Signature: _____ Date: _____