

# MEMBERSHIP APPLICATION

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Street Address/ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ WEB site: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Locations: \_\_\_\_\_

Business Location: \_\_\_\_\_

Type of Business Structure: \_\_\_\_\_ C-Corp \_\_\_\_\_ S-Corp \_\_\_\_\_ Partnership  
\_\_\_\_\_ Sole-Proprietorship \_\_\_\_\_ Other



Note: Dues to the Macomb Area Chamber of Commerce and Downtown Development Corp. are not deductible as charitable contribution for income tax purposes, but may be deductible as an ordinary and necessary business expense. Please contact your CPA or attorney for any tax questions.

Please send your application with payment to the following address:

Macomb Area Chamber of Commerce and Downtown Development Corporation  
P.O. Box 274  
Macomb, IL 61455

Please provide a paragraph or two, for our newsletter, to introduce you and your business as a new member. Use other side if needed:

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