

# Joliet Chamber Business Builders Membership Application

Business / Organization Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Main Representative \_\_\_\_\_

Additional Representative: \_\_\_\_\_

Description of Organization / Company Profile:

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Monthly Dues of \$10 (Payable in 2 six month session sums)

Friday Group: \_\_\_\_\_

Session 1:    April \_\_\_ May \_\_\_ June \_\_\_ July \_\_\_ August \_\_\_ September \_\_\_

Session 2:    October \_\_\_ November \_\_\_ December \_\_\_ January \_\_\_ February \_\_\_ March \_\_\_

(Please check the number of months that your first session will cover and multiply the # of months checked by 10 for your first payment of monthly dues)

I/We agree to adhere to the Joliet Region Chamber of Commerce & Industry's Business Builders Policies and Procedures and that acceptance of this contract is subject to approval by the Business Builder Governing Board.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Method of payment:    \_\_\_ Check    \_\_\_ Cash    \_\_\_ Visa    \_\_\_ M/C    \_\_\_ Amex    \_\_\_ Discover

Card Number \_\_\_\_\_ Exp \_\_\_/\_\_\_    Signature \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Security Code \_\_\_\_\_