Application for Membership

Buffalo Grove Area Chamber of Commerce Membership Application	
Date of Application	How (or from whom) did you hear about the Buffalo Grove Area Chamber?
Company Name	I give permission to the Chamber to e-mail and/or fax information to my company.
Address	Signature
City State Zip	Investment Dues Schedule (<u>Please note</u> : Investments are prorated as of the first day of the current month.)
Phone Fax	Number of Employees* Annual Investment
E-mail Address Dublish Do Not Publish	O 1-5 \$195 O 6-10 \$245 O 11-25 \$290
Veb Site Address	O 26-50 \$375 O 51-100 \$455 O 101-250 \$525
Contact for Chamber Title	O250 +\$710OCharitable orgs, schools, worship\$140OGovernmental\$195
Committee Interests	*2 part-time employees equal 1 full-time
Business Category Provide a brief description of your business.	Dues Investment \$ Gold Membership (Optional) Total \$
	Credit CardCheck Enclosed Visa MC Discover AmEx Exp
	#CID#
Ve are required by law to inform you that, for income tax purposes our membership dues are a necessary and ordinary business expense, ot a charitable contribution. Please note that all memberships are alid through 12/31/11 and to be renewed on January 1, 2012.	Buffalo Grove Area Chamber of Commerce EIN: 36-2834462 P.O. Box 7124, Buffalo Grove, IL 60089 (847) 541-7799 Fax—(847) 541-7819 E-mail: info@bgacc.org Website: www.buffalogrovechamber.org