

**ST. JOSEPH CHAMBER OF COMMERCE
MEMBERSHIP APPLICATION FORM**

The Undersigned hereby applies for membership to the St. Joseph Chamber of Commerce. Upon becoming a member, the Undersigned promises to:

1. Promote the purposes and goals of the Chamber
2. Adhere to the bylaws and any other policies adopted by the Chamber
3. Pay the annual dues at the prevailing rate each March.

NAME _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

PHONE # _____ EMAIL: _____

WEBSITE: _____

DESIGNATED REPRESENTATIVE _____

DATE SUBMITTED _____ DATE APPROVED _____

Return to PO Box 816, St. Joseph, IL 61873

Submit with \$40 dues; \$25 dues for non-profit organizations