



NORTH LIBERTY CHAMBER OF COMMERCE

P.O. Box 564

North Liberty, IN 46554

MEMBERSHIP RENEWAL FORM

Name of Business: _____

Owner/Contact Person: _____

Please list any changes to your contact information below:

Type of Membership:

_____ Individual or Couple \$15.00 annually

_____ Business I (0 – 10 employees) \$50.00 annually

_____ Business II (11 – 20 employees) \$100.00 annually

_____ Business III (21 or more employees) \$125.00 annually

_____ Not-for-profit Organization \$15.00 annually

_____ Check if your business needs a membership plaque year plate. If so, please list the year(s) needed. _____

Please return this form along with your check to the address listed above.

Thank you!