



NORTH LIBERTY CHAMBER OF COMMERCE

P.O. Box 564

North Liberty, IN 46554

NEW MEMBER APPLICATION FORM

Name of Business: _____

Owner/Contact Person: _____

Location: _____

Mailing Address: _____

City: _____, IN Zip: _____

E-Mail: _____

Phone: _____ Fax: _____

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.

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

Thank you!