



North Liberty Area Chamber of Commerce

302 S State Street, PO Box 564, North Liberty, IN 46554 | 574.656.3220

www.northlibertychamber.org | northlibertychamber@hotmail.com

BUSINESS INFORMATION

COMPANY NAME

PHYSICAL ADDRESS

CITY

STATE

ZIP

MAIN PHONE

WEBSITE ADDRESS

GENERAL COMPANY EMAIL ADDRESS | Check here to allow us to publish and share your company email address

COMPANY FACEBOOK PAGE NAME

COMPANY INSTAGRAM PAGE

COMPANY LINKEDIN NAME

COMPANY YOUTUBE CHANNEL

COMPANY X NAME

OTHER COMPANY SOCIAL MEDIA PLATFORM

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)

MAILING ADDRESS

CITY

STATE

ZIP

BILLING ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

MAILING ADDRESS

CITY

STATE

ZIP

MAIN CONTACT PERSON FOR MEMBERSHIP

NAME

TITLE

EMAIL ADDRESS

DIRECT PHONE/EXTENSION | CELL

ADDITIONAL STAFF MEMBERS TO RECEIVE COMMUNICATIONS

NAME

TITLE

EMAIL ADDRESS

DIRECT PHONE/EXTENSION | CELL

NAME

TITLE

EMAIL ADDRESS

DIRECT PHONE/EXTENSION | CELL



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PREFERRED BUSINESS CATEGORY

PRIMARY _____

SECONDARY _____

Business Description for Online Membership Directory:

Keywords to help us promote your business:

NUMBER OF EMPLOYEES

FULL-TIME

PART-TIME

SEASONAL

ANNUAL MEMBERSHIP DUES

| | | |
|--|-----------------|-------|
| <input type="checkbox"/> BUSINESS I | 0-10 EMPLOYEES | \$105 |
| <input type="checkbox"/> BUSINESS II | 11-20 EMPLOYEES | \$180 |
| <input type="checkbox"/> BUSINESS III | 21+ | \$205 |
| <input type="checkbox"/> NON-PROFIT | | \$30 |
| <input type="checkbox"/> INDIVIDUAL/FAMILY | | \$30 |

PAYMENT TYPE

CASH CHECK CHARGE

CARD NUMBER

CVC

EXPIRATION DATE

NAME ON CARD

For your convenience, payment can also be made online

www.NorthLibertyChamber.org

I understand that membership is annual and is payable in advance. Membership is continuous until written resignation is presented to the Chamber. I understand that the membership is tax-deductible as a business expense, not a charitable contribution.

SIGNATURE

DATE