

Shannon Chamber of Commerce Dues Form

Business Name:

Contact Name:

Main Product(s) or Service(s) description (No more than 7 words):

Physical Address:

Mailing Address (if different than physical address):

City: State: Zip:

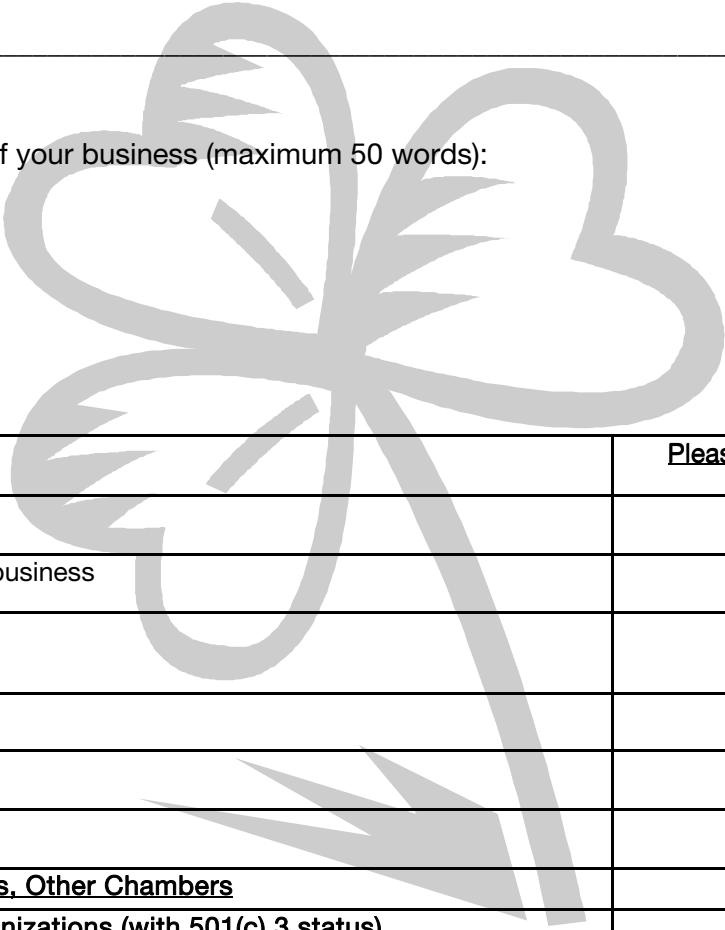
Phone: Fax:

Email:

Web address (URL):

Business Hours: _____

Descriptive paragraph of your business (maximum 50 words):



Chamber Dues	<u>Please circle applicable fee.</u>
<u>Businesses</u>	
New start-up or relocated business	1 st year free
1 – 5 Employees	\$35.00
6+ Employees	\$50.00
Utility	\$150.00
<u>Clubs, Community Groups, Other Chambers</u>	Free
<u>Other Not-For-Profit Organizations (with 501(c) 3 status)</u>	\$25.00
<u>Associate Member</u> (individuals, retirees, etc.-do not remit this if you have a business)	\$25.00

Send this form and payments to:

**Shannon Chamber of Commerce
PO Box 195
Shannon, IL 61078**