

Our vision is to provide a vibrant business environment for our community with a mission to advocate, educate, and provide resources to grow our community.

MEMBERSHIP APPLICATION/RENEWAL

RENEWALS NEED ONLY TO FILL IN AREAS MARKED IN RED

Business	Name:				
Address:					
Business Phone: Fax		: Website Address:			
Owner's Name:		_ Email:	Cell Phone:		
Business Anniversary Date:		Number of Employees:			
Me	mbership Type & Dues – Ar	ınual Membei	rship is from Ju	ly 1 through	June 30
Check One *	Type of Membership	Join Date 7/1	Join Date 10/1	Join Date 1/1	Join Da 4/1
	Individual	\$50.00	\$37.50	\$25.00	\$12.50
	Non-Profit Organization	\$100.00	\$75.00	\$50.00	\$25.00
	Business (5 or fewer employees)	\$150.00	\$112.50	\$75.00	\$37.5
	Business (6-20 employees)	\$200.00	\$150.00	\$100.00	\$50.00
	Business (more than 21 employees)	\$275.00	\$206.25	\$137.50	\$68.75
	SPONS	ORSHIPS & D	ONATIONS		
	For the Chamber to expand				
	would you be	e interested in a	tax-free donation	ſ	
	would also like to sponsor or co-	•	t, please contact r	me: Yes [No
• W	/ould you be interested in a tax- Bronze (\$200) Silver (\$		old (\$400)		
• Note				SACC	
Mail				57.000	
		(SEE OTHER SI			



Involvement in the Chamber
I would serve on the Chamber Executive Board: Yes No
I would be interested to serve on a Chamber Committee:
Business Profile Information
Do you have any upcoming "sales, specials or events" you would like featured by the SACC?
• Do you have any sale, or other offering that we could provide as a "members only" benefit?
Response:
NEW MEMBER INFORMATION (fill out only if you are new to us)
Description of Business/Services Provided:
How did you learn about us?
·
. We are always unleading now more hore. Do you have any hysiness you sould recommend?
 We are always welcoming new members. Do you have any business you could recommend?

Do You Have Questions? Please Contact Jessica Blackford-Cleeton At:

info@shermanilchamber.org or 217-720-1303

(SEE OTHER SIDE)