

2012 Membership Agreement

The Greater Springfield Chamber of Commerce

1011 S. Second St., Springfield, IL 62704

T 217.525.1173 F 217.525.8768 www.gscc.org



ORGANIZATION INFORMATION

Organization Name: _____

Business Category: _____

(Businesses can be listed under a maximum of 5 categories. One is included with membership; others can be added for \$20 per category.)

For a complete list visit www.gscc.org and click on 'Business Directory', then 'List All Categories' link.

Number of Employees: Full Time: _____ Part Time: _____

Street Address: _____

City: _____ State: _____ Zip: _____ - _____

Mailing Address: (if different than street address) _____

City: _____ State: _____ Zip: _____ - _____

General Business Email: _____ General Business Phone: _____

Website: _____ General Business Fax: _____

MAIN CONTACT INFORMATION

Mr. Ms. Name: _____

Title: _____ Phone: _____ Ext: _____

Email: _____ Cell Phone: _____

List Additional Employees To Receive Chamber Information Via Email

Mr. Ms. Name: _____ Title: _____

Phone: _____ Email: _____

Mr. Ms. Name: _____ Title: _____

Phone: _____ Email: _____

REASONS FOR JOINING

Please indicate the main reasons that you're joining The Chamber or if you would like more information on the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Support of Q5 (economic development) | <input type="checkbox"/> Agribusiness Events | <input type="checkbox"/> Ambassador's Committee |
| <input type="checkbox"/> Workforce Development Programs | <input type="checkbox"/> Business/Education Partnership | <input type="checkbox"/> Community Support |
| <input type="checkbox"/> Pro-Business/Government Advocacy | <input type="checkbox"/> Job & Career Fairs | <input type="checkbox"/> Credibility |
| <input type="checkbox"/> Make Connections/Build Business Network | <input type="checkbox"/> Member Discount Programs | <input type="checkbox"/> Flexible Spending Program |
| <input type="checkbox"/> Publicity and Advertising Opportunities | <input type="checkbox"/> Ribbon Cutting/Ground Breaking | <input type="checkbox"/> Tuition Discount |
| <input type="checkbox"/> Workshops and Educational Opportunities | <input type="checkbox"/> Small Business Network | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Media Advertising Packages | <input type="checkbox"/> Young Springfield Professionals Network | |

MEMBERS ONLY ACCESS

Submit a username and password for the Members Only section on the Chamber website. You will only be contacted if they are unavailable.

Username: _____

Password: _____

INVESTMENT INFORMATION

Payment Type: (please check one)

- Cash
- Check No: _____
- Money Order
- Credit Card

(For your protection, please call Chamber with card information - 217.525.1173)

Annual Dues \$ _____

Processing Fee \$ 25.00

Add'l Categories \$ _____

Advantage Pkg. \$ _____

Total Paid \$ _____

Membership investments are 99% tax deductible as a business expense.

Office Use Only

ACH Monthly Payment Amt _____

Date of first ACH withholding _____

Sponsored by: _____