



# GREATER MONTGOMERY AREA CHAMBER OF COMMERCE

## MEMBERSHIP APPLICATION

**Renewing Member**       **Call me, I'm interested in a Ribbon Cutting**  
 **New Member - Referred by:** \_\_\_\_\_

### INFORMATION TO BE POSTED ON CHAMBER WEBSITE:

|   |   |
|---|---|
| Contact Name/ Title:  |   |
| Name of Business:   |   |
| Business Category (Select 1 category. Visit our website for full list of options) | (Note: Partner and Advocate Members may select up to 3 categories.) |
| Description of Product/Service  |   |
| Phone:  |   |
| Fax:  |   |
| Website:  |   |
| Street Address:   |   |
| City/State/Zip:   |   |

### BUSINESS DEMOGRAPHIC INFO (WILL NOT BE POSTED ON WEB)

|                                |  |
|--------------------------------|--|
| Year Business was Established: |  |
| Number of Full Time Employees: |  |

### SEND CHAMBER eMAIL COMMUNICATIONS TO:

|                                  |  |
|----------------------------------|--|
| <b>Contact Person #1/ Title:</b> |  |
| Email:                           |  |
| Phone:                           |  |
| <b>Contact Person #2/ Title:</b> |  |
| Email:                           |  |
| Phone:                           |  |

### MEMBERSHIP OPTIONS:

|   |                          |                                      |                   |
|---|--------------------------|--------------------------------------|-------------------|
| <b>General Membership</b>                               | <input type="checkbox"/> | Full calendar year from date of pymt | <b>\$175.00</b>   |
| <b>Supporter Membership</b>                             | <input type="checkbox"/> | Full calendar year from date of pymt | <b>\$500.00</b>   |
| <b>Affiliate Membership</b>                             | <input type="checkbox"/> | Full calendar year from date of pymt | <b>\$1,000.00</b> |
| <b>Partner Membership</b>                               | <input type="checkbox"/> | Full calendar year from date of pymt | <b>\$2,500.00</b> |
| <b>Advocate Membership</b>                              | <input type="checkbox"/> | Full calendar year from date of pymt | <b>\$5,000.00</b> |
| Club/Association group (w/o paid staff)/Retired Citizen | <input type="checkbox"/> | Full calendar year from date of pymt | <b>\$75.00</b>    |
| Donation to the Alice Sutcliff Scholarship Fund         | <input type="checkbox"/> | Suggested donation \$10              |                   |

Are you a Montgomery Economic Development Corporation (MEDC) member?     Yes     No

TOTAL ENCLOSED: \$

### PAYMENT OPTIONS:

Check enclosed - Payable to "GMACC"  
 I prefer to pay by VISA/MC/DISCOVER. Please email me PayPal link to:  
**Please Mail Application (and payment, if by check) to:**  
**GMACC, 200 N. River Street, Montgomery, IL 60538**

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200 N. River Street, Montgomery, IL 60538  
 630.897.8137 / www.chamberofmontgomeryil.org

**GMACC -- Promoting Partnerships for Business Success**