



P.O. Box 325
25 S. Main
Sullivan, Indiana 47882
(812) 905-0131

www.sullivancountychamber.com

MEMBERSHIP APPLICATION

PLEASE PRINT NEATLY AND FILL FORM OUT COMPLETELY.

DATE: _____

NAME OF BUSINESS, ORGANIZATION, OR INDIVIDUAL:

BUSINESS OWNER: _____

CONTACT PERSON (If different from business owner): _____

MAILING ADDRESS (Please include city and zip code):

STREET ADDRESS (If different from mailing address):

BUSINESS PHONE NUMBER: _____

EMAIL ADDRESS: (Please note that all chamber email correspondence will be done with the email address that you provide.)

BUSINESS WEB ADDRESS: _____

BUSINESS HOURS: _____

DESCRIPTION OF SERVICE OR BUSINESS:

PLEASE CHECK APPROPRIATE BOXES:

I would like to receive monthly e-newsletters from the Sullivan County Chamber of Commerce. (*We strongly encourage members to receive and read these newsletters as they are the main way, we communicate important chamber information.*)

YES ☐ NO ☐

I would like to participate in the chamber gift certificate program:

YES ☐ NO ☐

MEMBER-TO-MEMBER BENEFIT: As a chamber member, I would like to extend the following offer to other chamber members. I understand that this offer may be listed on the chamber website as a member-to-member benefit. (Offers may include discounts; buy one get one free offers, etc.)

MEMBERSHIP RATES:

INDIVIDUAL MEMBER - \$35

SERVICE ORGANIZATION OR CLUB (VOLUNTEER ORGANIZATIONS) - \$50

Government - \$60

Professional (real estate, insurance, physicians, attorneys, dentists, engineers, accountants, etc.)

1-10 employees -**\$100**

11 or more employees- **\$150**

BUSINESS (includes non-profit businesses)

1-10 employees- **\$60**

11-20 employees - **\$120**

21-30 employees - **\$180**

31-49 employees - **\$240**

50 or more employees - **\$300**

NUMBER OF EMPLOYEES: FULL TIME _____ **PART TIME** _____

MEMBERSHIP RATE:

ADDITIONAL DONATION FOR PROMOTIONAL EXPENSES: As we seek to do more to promote the Chamber, we are always in need of additional funds. If you'd like to make a donation, please note the amount on the line provided, and add it to your dues amount and write one check for the total amount). A gift of any amount is greatly appreciated. Donation Amount: _____

PLEASE ENCLOSE A CHECK FOR THE FULL AMOUNT, PAYABLE TO:

Sullivan County Chamber of Commerce

P.O. Box 325, Sullivan, IN 47882