



2009 Membership Application

Company Name _____

Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____ Web Address _____

Year Founded _____ Number of Employees _____

Business Description _____

Please list additional employee e-mail addresses to receive announcement and information: _____

Dues Classification: Include permanent employees, management, and staff.

	0 – 10 Employees (includes sole proprietors)	\$135
	11 – 30 Employees	\$235
	31+ Employees	\$335
	Non-Profit Organizations (Charitable/Fraternal/Civic/Social/Religious Organizations)	\$60
	Individual (not affiliated with any commercial enterprise)	\$60

Payment Options

_____ Check enclosed _____ Secure online payment—www.swanseachamber.org

_____ Visa or Master Card

Name on Card: _____

Account #: _____ CSC #: _____

Expiration Date: _____

Return completed form with payment to: Swansea Chamber of Commerce, 1501 Caseyville Avenue, Swansea, IL 62226