

Shiloh Chamber of Commerce Membership Application

Business Name: _____
Address: _____
City/State/Zip: _____
Business Phone: _____
Business Fax: _____
Website: _____
E-mail: _____
Business Hours: _____

Mailing information (if different than above):

Business Mailing Name: _____
Mailing Address: _____
Mailing City/State/Zip: _____

Owner's Name: _____
Owner's Phone: _____

Manager's Name: _____
Manager's Phone: _____

Business Contact 1: _____
Phone 1: _____
Business Contact 2: _____
Phone 2: _____
Business Contact 3: _____
Phone 3: _____

of Full-Time Employees: _____
of Part-Time Employees: _____

Membership Dues:

Non-Business, Individual Membership.....	\$85.00
Churches, schools, clubs, organizations, home businesses.....	\$100.00
Business with 1-5 employees.....	\$140.00
Business with 6-10 employees.....	\$195.00
Business with 11-35 employees.....	\$275.00
Financial Institutions and major employers with 35+ employees.....	\$385.00

****Please mail with payment to: Village of Shiloh, 1 Park Drive, Shiloh, IL 62269****