



300 Civic Center Plaza
Glendale Heights, IL 60139
Phone: 630-909-5361
www.ghchamberofcommerce.com

Thank you for your interest in the Glendale Heights Chamber of Commerce! Please complete this application and return to the chamber with your membership dues.

Representative's Name: _____ Title: _____

Additional Representative: _____ Title: _____

Business Name: _____

Business Address: _____ Unit / Suite: _____

City: _____ State: _____ Zip Code: _____

Telephone (_____) _____ Fax (_____) _____

E-Mail Address: _____

Company Website: _____

Type of Business: _____

Years in Business _____ Number of Employees _____

*Brief description of your business in 25 words or less: _____

Membership Level:

___ Basic Membership \$250.00

___ Basic Plus Membership \$625.00

___ Bronze Membership \$1250.00

Payment Options: (Please Check) cash _____ check # _____ credit card _____

Credit card: (Please Circle) Visa or MasterCard

Card Number: _____

Card Holder's Name: _____

Billing Zip Code: _____ V-code: _____ Expiration Date: _____
(Last 3 digits on back of card)

Member's Signature _____ Date _____