

Membership Application

Willowbrook/Burr Ridge Chamber of Commerce & Industry

Name _____	Title _____
Business Name _____	
Address _____	City _____ Zip _____
Busn Phone _____	Fax _____
E-mail _____	Web Site _____
Busn Classification _____	
No. of employees _____	How long in area? _____
Referring member _____	
Signature _____	

Compose three or four sentences telling important facts regarding your businesses for publication in the Chamber newsletter:

ANNUAL MEMBERSHIP RATES

Dues are pro-rated on a monthly basis.

Number of Employees (based on no. of employees of each firm)

1-3	\$185.00
4-10	\$225.00
11-25	\$250.00
26-49	\$285.00
Over 50	\$325.00

8300 So. Madison Street
Burr Ridge, IL 60527

Phone: 630-654-0909
 Fax: 630-654-0922
 Email: info@wbbrchamber.org
 Web site: www.wbbrchamber.org

CHECK MUST ACCOMPANY FORM payable to Willowbrook/Burr Ridge Chamber of Commerce and Industry.

For Office use only:
DATE APPROVED: _____ Amount Paid \$ _____

