

*Prairie du Rocher Chamber of Commerce*

*Application for Membership*

Type of Membership interested in: \_\_\_\_\_ (business, individual, not-for-profit)

Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Information:

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

Please include a short description of your business to be included with your name on the website:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Return to P. O. Box 342, Prairie du Rocher, IL 62277

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For Office Purposes Only:

Application Received: \_\_\_\_\_ Membership Dues Assessed: \_\_\_\_\_