

## MEMBERSHIP APPLICATION 2012-2013

Business Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Business Address w/zip: \_\_\_\_\_

Business #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Website: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Type of Business/Brief Description: \_\_\_\_\_

\_\_\_\_\_ # of Employees: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Tel #: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

### Billing Information (if different from above):

Billing Contact: \_\_\_\_\_ Billing Tel #: \_\_\_\_\_

Billing E-mail: \_\_\_\_\_ Billing Fax #: \_\_\_\_\_

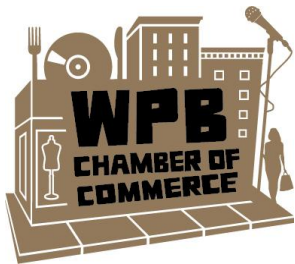
Billing Address w/zip: \_\_\_\_\_

### **WPB CHAMBER ANNUAL MEMBERSHIP DUES:**

- \$50 Local Resident Rate (Non-Business Member, does not appear in Business Directory)
- \$75 Studio Rate (Individual Artist/Musician/Actor)
- \$95 Associate Business Member (Chamber members who own another business with a different name, 2<sup>nd</sup> business joins at this rate)
- \$150 Cultural Venue/Non-Profit Rate (Art Gallery/Theatre/Dance Studio/Non-Profit Organization)
- \$200 Business Rate with 1-4 employees (Business without a liquor license with 1-4 employees)
- \$250 Business Rate with 5-9 employees (Business without a liquor license with 5-9 employees)
- \$300 Business Rate with 10+ employees (Business without a liquor license with 10+ employees)
- \$400 Restaurant/Bar Rate (Business that has a liquor license and is not a corporation or chain; A restaurant with no liquor license = Business Rate)
- \$750 Corporation/Bank/Hospital/Chain Store/ Big Business Rate (Business with 30+ employees in Chicago proper OR 50+ nationwide)
- \$ \_\_\_\_\_ Enclosed Amount

Please complete this form, include your check payable to **WPB Chamber of Commerce**, and send to the address listed at the top of this page. If you wish to pay by credit card, please see and complete the attached form.

Please check here if you do not want to receive our e-newsletter



## **MEMBERSHIP APPLICATION 2012-2013**

Please circle the category under which your business should be listed in our website Directory (you may choose up to 2):

### **Services:**

Architecture, Building Maintenance & Construction	Automotive & Transportation Consulting	Cleaners & Tailors Education & Learning
Employment Legal	Financial, Insurance & Accounting Marketing, Media & Design	Green & Eco-Friendly Medical, Health & Wellness
Moving & Storage Photography	Non-Profit & Community Printing & Production	Pet & Veterinary Real Estate & Development
Religious & Spiritual Technology & Telecommunications	Salons, Spas & Barbershops Wholesale Supply	Shipping & Packaging

### **Culture, Entertainment & Recreation:**

Art Studios, Galleries & Artists Musical Venues	Film & Theatre Night Clubs	Fitness, Recreation & Dance Travel & Lodging
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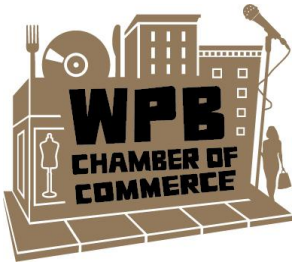
### **Drinking & Dining:**

Cafes & Bakeries Restaurants, Eateries & Take-out Wine, Liquor & Spirits	Catering Saloons, Bars, Taverns & Lounges	Delis & Grocers Sweets & Treats
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### **Shopping & Style:**

Adult Books & Literature Garden & Floral Home Furnishings Optical Toys & Games	Apparel, Accessories & Footwear Electronics Gift & Card Shops Movies, Music & Instruments Pet Care & Supplies Vintage, Antiques, & Collectibles	Bicycles & Repair Framing & Art Supplies Health & Beauty Products Office Supplies Smoke & Tobacco
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**Welcome to the Wicker Park Bucktown Chamber of Commerce!** We will get in touch with you as soon as possible to provide you with your login credentials so that you can update your business listing, post events to the community calendar and add deals to the local deals page of our website!



## **MEMBERSHIP APPLICATION 2012-2013**

### **Credit Card Authorization**

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

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

Business Street Address: \_\_\_\_\_

Business City, State, Zip code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### **I authorize the Wicker Park Bucktown Chamber of Commerce to charge the following account:**

Credit Card Type: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code (3 digits from back of card): \_\_\_\_\_

### **Full Credit Card Billing Address (if different from above):**

\_\_\_\_\_

Total Charge Amount: \$ \_\_\_\_\_

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