



2022 MEMBERSHIP APPLICATION
 Chamber Membership is the Smartest Business Investment you can make

Business Name _____

Contact Name _____ Title _____

Business Phone _____ Cell Phone _____

E-mail _____ Website _____
(Please include e-mail address to receive weekly Chamber updates)

Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
*ONLY IF DIFFERENT THAN PHYSICAL ADDRESS

Referred By _____

Description of Business (will be posted on Chamber website): _____

Signature _____ Date _____

IF YOU WISH TO HAVE THIS INFORMATION SHARED ON YOUR MEMBER PROFILE ON OUR WEBSITE, PLEASE CHECK ANY BOXES THAT PERTAIN TO YOUR BUSINESS.

Veteran Owned
 Woman Owned
 Minority Owned

MEMBERSHIP TYPES

Regular Membership	\$195.00	\$ _____
Charitable: 501(c)3*	\$90.00	\$ _____

*Schools/Hospitals are not eligible

I WOULD LIKE A RIBBON CUTTING CEREMONY AT MY NEW BUSINESS

I WOULD LIKE TO HOST A BUSINESS AFTER HOURS AT MY BUSINESS

PLEASE RETURN FORM & PAYMENT TO:

Mokena Chamber of Commerce, 11104 Front St., #1B, Mokena, IL 60448
 708-479-2468 (p) • 708-479-7144 (f) • chamber@mokena.com • www.mokena.com

Membership Fee Payment: Please submit FULL payment with application. Payment is non-refundable.

Amount Due \$ _____ CHECK ENCLOSED

Or pay online at mokena.com/payment