



2024 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): _____

Do you have any of these social media accounts for your company?
 Facebook
 Instagram
 Twitter

Signature _____ Date _____

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