



2015 Membership Form

Business Name: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner/Manager Name: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Preferred Method Of Contact: Email Work Phone Cell Phone

Website Address: _____

Please describe your main area of business (retail, food, medical, manufacturing, etc.):

Would you like to enroll in the Chamber Bucks Program: YES NO NEED MORE INFORMATION

How would you like to receive your newsletter subscription? MAIL EMAIL

If by email, please list all addresses to send newsletter: _____

Membership Dues for 2015

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Church | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Business |
| \$50.00 | \$50.00 | <input type="checkbox"/> \$50.00 (3 Employees Or Less) | \$100.00 |
| | | <input type="checkbox"/> \$100.00 (4+ Employees) | <input type="checkbox"/> \$50.00 Add'l Business |

2015 Sponsorships

You can also choose to help sponsor the below events which help us cover costs involved. Your business will be put on all advertising regarding the event. We couldn't put on these events without our sponsors!

\$100 Bronze Sponsor: Choose 1 of the below events

\$200 Silver Sponsor: Choose 2 of the below events

\$300 Gold Sponsor: Choose 3 of the below events

\$350.00 Platinum Sponsor: Choose All 4 Events



- | | |
|---|--|
| <input type="checkbox"/> Annual Meeting | <input type="checkbox"/> 4 th of July Event |
| <input type="checkbox"/> Lunch & Learns | <input type="checkbox"/> ERS Appreciation Banquet |

Membership Dues: _____

Sponsorship Fees: _____

Total: _____

Please Mail To: PACC PO Box 75 Paxton, IL 60957

Thank You For Joining The Paxton Area Chamber Of Commerce!