



Membership Application

Please return completed form with payment to
P.O. Box 877, Peotone, IL 60468

Phone: (708) 258-9450 Fax: (708) 258-0011
www.peotonechamber.com • info@peotonechamber.com

Business Name: _____

Business Address: _____

City: _____ **Zip Code:** _____

Mailing Address: _____
(If different from Business Address)

City: _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____

Cell Number: _____ **E-mail address:** _____

Website: _____

Primary Representative/Title: _____

Address: _____

City: _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____

Cell Number: _____ **E-mail address:** _____

Membership Category:

- _____ Active - \$150 (All for-profit enterprises)
_____ Associate - \$75 (Not-for-profit organizations, churches, civic orgs.)
_____ Governmental - \$0 (Taxing bodies within the Village of Peotone)

*Make Checks payable to Peotone Chamber of Commerce

Business Category: _____

Business Description: _____

Please email a jpeg of your business logo to the Chamber.
We are more than happy to add it to your business listing on our website.
**The Peotone Chamber of Commerce is dedicated to be the primary resource helping
business and the community grow and prosper.**