



SPONSORED BY: _____

MEMBER INFORMATION:

Date: _____

Business Name _____ Year Established _____

Business Location Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Owner, President _____, _____

Contact name & title of person to be listed in Membership Directory _____

Mailing Address (if different than above) _____

Billing Address (if different than above) _____

Web site address: **www:** _____ E-mail address: _____

CATEGORY LISTING

Main Category Listing _____

Please view the **Crossroads Regional Chamber of Commerce** website at www.crossroadschamber.org for a complete listing of what is available and choose the listing that best fits your business. This category listing will also be used in the Chamber Membership printed directory.

Gold members receive 2 additional listings _____
No additional cost as included in Gold Member investment

CORRESPONDENCE AND ADDITIONAL COMPANY REPRESENTATIVES

Please indicate below the preferred method you wish to receive information from the Crossroads Regional Chamber of Commerce:

- Email— Selecting e-mail will ensure timely delivery of information and upcoming events. Please set your security settings to receive attachments and add **geninq@crossroadschamber.org** to your address book.
- Mail to the address listed above

Please list additional representatives below. Your annual dues investment is based on the amount of representatives.
(Please see page 2 for the investment schedule)

Name and Title	Mailing Address & Phone Number (only if different from above)	Email address (if this is the preferred delivery option)

BUSINESS DESCRIPTION

Please provide a brief description or bullet points of your business and/or services, including hours of operation
40 word max: _____

COMMITTEE SIGN-UP

I would like to volunteer for the following committees:

- | | | |
|--|---|--|
| <input type="checkbox"/> Landscape & Architectural Award | <input type="checkbox"/> Trade Show Committee | <input type="checkbox"/> Education Committee/Reality Store |
| <input type="checkbox"/> Public & Environmental Affairs | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Ambassador |
| <input type="checkbox"/> Golf Outing | <input type="checkbox"/> Gala | <input type="checkbox"/> Antique Show |
| <input type="checkbox"/> HomeTown Festival Days | <input type="checkbox"/> Cobe Cup | <input type="checkbox"/> Easter Bunny & Santa Visits |

EXPECTATIONS & INTEREST

Please indicate your reasons for joining the Chamber:

- | | |
|---|--|
| <input type="checkbox"/> Expand networking opportunities | <input type="checkbox"/> Chamber Directory and Web site directory listing |
| <input type="checkbox"/> Create visibility | <input type="checkbox"/> Customer referrals |
| <input type="checkbox"/> Cost-effective business development programs | <input type="checkbox"/> Improve quality of life in surrounding areas/Economic Development |
| <input type="checkbox"/> Enhance credibility and corporate identity | <input type="checkbox"/> Cost-effective leadership & professional development programs |

Other: _____

2010 MEMBERSHIP INVESTMENT SCHEDULE

Your annual membership investment is based on the number of full time employees including management /owner
Two part-time employees = One full time. Do not include seasonal employees. Contact the Merrillville office at 219-769-8180 for more information regarding the PaySimple Monthly Payment plan and enrollment information.

Number of Employees	Annual Investment	Gold Member Investment	Number of Employees	Annual Investment	Gold Member Investment
0-5	\$ 270.00	\$ 370.00	36-50	\$ 775.00	\$ 1,075.00
6-9	\$ 340.00	\$ 465.00	51-75	\$ 875.00	\$ 1,175.00
10-15	\$ 450.00	\$ 600.00	76-100	\$ 1,000.00	\$ 1,300.00
16-20	\$ 550.00	\$ 750.00	101-150	\$ 1,250.00	\$ 1,550.00
21-35	\$ 675.00	\$ 925.00	150 >	\$ 2,850.00	\$ 3,150.00
*Plus \$1 for each employee over 151					

PAYMENT INFORMATION

Number of Employees: ____ Full Time ____ Part Time

Annual Investment

\$ _____ or _____ + \$35 First year Processing Fee = \$ _____ or _____
Regular Gold Regular Gold

Total Investment \$ _____

All dues investments are to be forwarded to the Merrillville office:
255 W. 80th Place, Merrillville, IN 46410—219-769-8180—Fax: 219-736-6223

- Credit Card: VISA, MasterCard, Discover, American Express (Circle One)

Name as it appears on credit card _____
(Please Print)

Credit Card # _____ Exp. Date _____

Card Holder Billing Address _____ Zip _____

- Check Enclosed - Please make payable to the **Crossroads Regional Chamber of Commerce** - Check # _____

The Crossroads Regional Chamber of Commerce name, logo and likeness are the sole property of the Organization and may not be used in or for any written or electronic communication without the express written consent of the Chamber's Executive Committee.

SIGNATURE: _____ **DATE:** _____