



CHICAGOLAND BLACK CHAMBER OF COMMERCE

P.O. Box 32172 - Chicago, Illinois 60632

Office (312) 600-7276

"From Civil Rights, To Economic Justice"

www.chicagolandbcc.com

2014 MEMBERSHIP APPLICATION

Business Name: _____

Street address: _____ P. O. Box: _____

City, _____ State, _____ Zip Code: _____

Telephone: _____ Fax: _____ Cell Phone: _____

Email address: _____

Website Address (if applicable / inquire how to link your website to the CBCC): _____

Total Number of Employees: _____ (2 Part-Time = 1 Full-Time)

Please indicate your preference in receiving information either through fax or e-mail and place your initials as authorization to do so.

I prefer to be:

Faxed _____ E-mailed _____ Initial here _____

REPRESENTATIVES:

Principal Representative: _____ Email: _____

Alternative Representative: _____ Email: _____

BUSINESS CLASSIFICATION: (For Membership Directory & Community Guide) *(Please describe your Business, and be specific as possible.)*

INVESTMENT SCHEDULE

- | | | | | |
|--------------------------|---|-------|------------------|-------|
| <input type="checkbox"/> | Individual Membership | | Individual | \$25 |
| | | 1-4 | Employees..... | \$105 |
| <input type="checkbox"/> | Branch Membership
(refers to employees in a specific work place) | 5-9 | Employees..... | \$130 |
| | | 10-24 | Employees..... | \$200 |
| <input type="checkbox"/> | Corporate Membership
(multiple locations in the metro region) | 25-49 | Employees..... | \$225 |
| | | 50-74 | Employees..... | \$325 |
| | | 75+ | Employees..... | \$500 |

Small Business Introductory Membership.....\$75.00

Membership Dues (From Fee Schedule) _____ \$

Total Amount Paid: _____ \$

Commitment to the CBCC

I am committed to the Chicagoland Black Chamber of Commerce. As a CBCC member I receive one membership vote for business agenda items. I also receive one issue of each CBCC newsletter published. My membership is renewed annually from the anniversary month of joining and to remain a member in good standing I **will pay my dues within 60 days** of that anniversary date.

Authorized signature _____ Title _____ Date _____

(Please make check payable to the CBCC)

If you choose not to complete and submit the form online please mail the application to the address above.