



DEARBORN COUNTY  
**Chamber of Commerce**

PARTNERS IN BUSINESS

Application Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Toll-Free Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_


Fax: \_\_\_\_\_


Email: \_\_\_\_\_

Website:  
http://www. \_\_\_\_\_

Social Media:

 \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Business Category: \_\_\_\_\_

Billing Contact Representative: \_\_\_\_\_

Representative Email: \_\_\_\_\_

You may add extra staff members to receive updates via email by providing their Full Name, Job Title & Email address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Business Hours: \_\_\_\_\_

Year Business Established: \_\_\_\_\_

# Application for Membership

Please write-up a short description of your business. Descriptions should be no more than 25 words long. You may type this description up and attach it to this form.

Membership in the Dearborn County Chamber of Commerce constitutes express permission for the Chamber to transmit by facsimile machine to the number provided through E-mail or written materials, including but not limited to those relating to goods, services, meetings or notices thereof. The signature below indicates understanding of the above request for membership.

Applicant Signature: \_\_\_\_\_

## Membership Investment

Basic Member	\$200
Bronze	\$500
Silver	\$1,000
Gold	\$2,500
Platinum	\$5,000
Diamond	\$10,000

Total Investment \$ \_\_\_\_\_

\_\_\_\_ Check enclosed (payable to Dearborn County Chamber of Commerce)

Company: (as it appears on the credit card)  
\_\_\_\_\_

\*First Name on Card: \_\_\_\_\_

\*Last Name on Card: \_\_\_\_\_

\*Credit Card Billing Address: \_\_\_\_\_

\*City/State/Zip: \_\_\_\_\_

Payment Type:

Visa/Mastercard/American Express/Discover

\*Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Card Security Code: \_\_\_\_\_

\* Expiration Date: \_\_\_\_ / \_\_\_\_

Card Holder's Signature \_\_\_\_\_

*Mail or Fax Your Application to:*  
Dearborn County Chamber of Commerce  
320 Walnut Street  
Lawrenceburg, IN 47025  
812-537-0814 Fax: 812-537-0845

\*Individual and non-profit members have access to all Basic Member benefits excluding access to member mailing/email lists.