



Dearborn County
Chamber of Commerce

Membership Application

GENERAL INFORMATION

Application Date: _____ Company Name: _____

Primary Phone: _____ Toll-Free Phone: _____ Cell Phone: _____

Fax: _____ Email: _____ Website: _____

Social Media Presence: *(circle those which apply)*      

Physical Address: _____ City/ State/ Zip: _____

Mailing Address: _____ City/ State/ Zip: _____

Business Category: _____ Business Hours: _____

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 _____ Year Business Established: _____

MEMBERSHIP INVESTMENT

Basic - \$220 Bronze - \$550 Silver - \$1,100 Gold - \$2,750 Platinum- \$5,500 Diamond - \$11,000

Total Investment \$ _____ Check enclosed *(payable to Dearborn County Chamber of Commerce)* Credit Card

Company: *(as it appears on card)* _____ Credit Card # _____

Name on Card: _____

Credit Card Billing Address: _____ City/State/Zip: _____

Credit Card Type:     Expiration Date: ____/____/____ Card Security Code: _____

Card Holder's Signature: _____

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

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

Please provide a short description of your business above. Descriptions should be no more than 25 words long.

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.