



CARLYLE LAKE
CHAMBER of COMMERCE
 CARLYLE, ILLINOIS

MEMBERSHIP APPLICATION

General Contact Information

First Name: _____ Last Name: _____

Business Name: _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Office Phone: _____ Mobile Phone: _____

Website Address: _____

Membership Options *(Please select an option below)*

\$45
Friend
of the Chamber
(Individuals/Non-Profit)

\$75
Independent Contractors
Small Business
(1-10 Employees)

\$125
Larger Businesses
& Organizations
(11+ Employees)

Interests *(Please select all that apply below)*

Officer/Board Member
I am interested in becoming an officer or board member

Committees
I am interested in joining a chamber committee

Sponsorship
I am interested in receiving sponsorship opportunities

Volunteer
I am interested in volunteering in Chamber events when possible

Submit Your Application

Send your completed application and membership dues by U.S. Mail. Please make checks payable to the 'Carlyle Lake Chamber of Commerce'.

Please provide a company logo or other image via e-mail for the Members Directory (if applicable).

Carlyle Lake Chamber of Commerce
 P.O. Box 246
 Carlyle, Illinois 62231

chamber@carlylelakechamber.org