

Membership Application

A Current Listing, Means Better Referrals & More Benefits!

Return By Mail, or Fax:
Rock Falls Chamber - 601 W. 10th Street, Rock Falls, IL 61071 - Fax (815) 625-4558

BUSINESS NAME: _____

CONTACT 1: _____ TITLE: _____

CONTACT 2: _____ TITLE: _____

CATEGORY (PLEASE MARK 1)

- Business Financial Institution Professional Firm School
 Church Individual Family
 Seasonal Business (___ # of months open annually) Non Profit (___ # of Members)

PRODUCTS/SERVICES: _____

STOREFRONT ADDRESS: _____

BILLING ADDRESS: _____

PHONE: _____

WEBSITE: www. _____

EMAIL CONTACT 1: _____ /NAME

EMAIL CONTACT 2: _____ /NAME

(Your E-mail privacy is important to us! We will not list your e-mail publicly, or give it away to solicitors. It is solely for Rock falls Chamber Updates & Communication.)

OF FULL TIME EMPLOYEES : _____ # OF PART TIME EMPLOYEES: _____

WOULD YOU LIKE TO SCHEDULE A RIBBON CUTTING NOW? YES! No
IF NO, WHEN WOULD YOU LIKE TO SCHEDULE ONE?

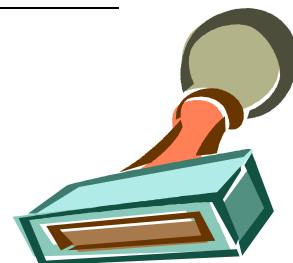
Date: / / Time: _____

(Ribbon Cuttings held around noon, or 4pm Tues/Wed/Thurs have the best attendance.)
We will call / e-mail to confirm this appointment.

WHAT IS ONE OF YOUR BIGGEST CONCERNS IN BUSINESS?

WOULD YOU LIKE TO HAVE A MEETING WITH ROCK FALLS
CHAMBER PRESIDENT, DOUG WIERSEMA?

YES! Date: / / Time: _____
We will call / e-mail to confirm this appointment.



WELCOME!
WE APPRECIATE
YOUR MEMBERSHIP

Membership renews annually , unless you
contact the Rock Falls Chamber to cancel it.