



GALENA AREA
CHAMBER
OF COMMERCE
Community. Networking. Education.

Galena Area Chamber of
Commerce

Mission Statement

To foster the economic and cultural welfare of our members, advocate for our business community, and encourage economic growth and innovation.

We are required by law to inform you that, for income tax purposes, your membership dues are a necessary and ordinary business expense, not a charitable contribution.

Membership in the Galena Area Chamber of Commerce is annual and will automatically continue unless written cancellation is given to the Chamber at least 30 days prior to the renewal date. Renewal dates are 12 months from the month the member joins. No refunds of membership will be given.

We abide by all Federal Canned Spam Laws and will not sell, nor distribute, in any form, your email address without your consent.

Galena Area Chamber of
Commerce
412 S. Main St. Suite 201
Galena, IL 61036
(815) 777-9050
www.galenachamber.com

New Member Application

Today's Date: _____

Company Name: _____

Category of Business: _____

Street Address: _____

Mailing Address if different: _____

City/State/Zip: _____

Phone: _____

Primary Contact: _____

Title: _____

Email address: _____

Website: _____

Facebook: _____

Secondary Contact: _____

Title: _____

email address: _____

Number of FT employees: _____ PT Employees: _____

How best to contact & contact info: _____

new member investment schedule (based on yearly dues)

Fewer than 50 employees	\$250	Financial: Based on \$10 per million in assets or base fee with employees, whichever is greater Not-for-Profit: \$95 Associate Membership: \$65 (cannot be associated with any business) Second Business Location: \$135 must be owned by the primary individual or corporation Acorn Program: \$125 (as of 2/2019)
51-100	\$375	
101-150	\$400	
Lodging:		
B & B's	\$250	
Inn	\$375	
Motel/Hotel	\$475	

Welcome Aboard! We're Glad to have you!

Check your areas of interest and business development listed below:

<input type="checkbox"/> Business Blend	<input type="checkbox"/> Halloween Parade	<input type="checkbox"/> Business Expo	<input type="checkbox"/> workshops/classes
<input type="checkbox"/> Business After Hours	<input type="checkbox"/> Golf Outing	<input type="checkbox"/> Ribbon Cutting	<input type="checkbox"/> Business Development
<input type="checkbox"/> eBlast Marketing	<input type="checkbox"/> Member Referral Program	<input type="checkbox"/> Ground Breaking	<input type="checkbox"/> Website Advertising
<input type="checkbox"/> Member to Member Benefits	<input type="checkbox"/> Social Media Marketing	<input type="checkbox"/> Network for Empowered Women	<input type="checkbox"/> Young Professionals Network

New Member Profile (For Acorn Members only)

→ Please provide information about your business

Business Days/Hours: _____

Briefly describe your business: _____

Years in Business: _____

What are expectations regarding joining the Chamber? _____

Who, if anyone, referred you to our Chamber? _____

Office Use Only	Staff	Date
Entered into Constant Contact:		
Entered into QB:		
Entered onto website:		