

2021 Membership Application

Business Name:				
Primary Contact Person:	Position: _	Position:		
Email (required):	Phone:	Phone:		
Physical Street Address:				
	City:	Zip:		
Billing Address (P.O. Box) (If diff	erent than above):			
	City:	Zip:		
Business Phone:	Fax:	_Toll Free:		
Business General Email:	Website:			
Description of Business (200-chara	acter limit):			
Date Established:				
☐ I give the Litchfield Chambe	r of Commerce permission to publis	sh the above information on its webs		
and in its newsletter.				
Membership Level (see following po	age for definitions):			
☐ Citizen ☐ Charitable, Frate	ernal, Social, Religious Institution [☐ General ☐ Manufacturers		
☐ Bank/Financial Institutions ☐	☐ Utilities ☐ Media ☐ Hotel/Me	otel		
Number of Employees:				
	e Litchfield Chamber of Commerce			
* This amount is equal to the membersh employees to determine your dues am	nip level indicated on the following page. Popunt.	lease use the number of your full-time		
- Please remit	your payment according to the	instructions below -		
Signed:	Data			
Return this invoice ar				

Mail to: Litchfield Chamber of Commerce, ATTN: Beth Cherry, PO Box 334, Litchfield, IL 62056 If you have questions, please contact Beth Cherry at info@litchfieldchamber.com or 217-324-2533.



2021 Membership Levels

Please check the level that applies to your business:

	Citizen Membership (Citizen Membership is in name only; not affiliated with a business)	\$50.00	
	Charitable, Fraternal, Social or Religious Institution	\$100.00	
	General (based on number of employees):		
	 □ 0-3 Employees □ 4-11 □ 12-25 □ 26-40 □ 41-75 □ 76-125 □ 126-150 □ 151-275 	\$150.00 \$175.00 \$200.00 \$225.00 \$250.00 \$275.00 \$300.00 \$375.00	
П	■ 300-over Manufacturers (based on number)	\$500.00	
_	□ 0-10 □ 11-50 □ 51-150 □ 151-299 □ 300-over	\$225.00 \$250.00 \$350.00 \$450.00 \$550.00	
	Bank/Financial Institutions	\$750.00	
	Utilities	\$600.00	
	Media	\$400.00	
	Hotel/Motel	\$300.00	