



100 W. Main St. Geneseo, IL 61254 309.944.2686

Membership Form

Business Name _____ Contact Name _____

Address _____ City _____ Zip _____

Phone _____ Fax _____ E-mail _____

Number of Employees Full-time _____ Part-time _____

May the Chamber send you e-mail? _____

(Note: the Geneseo Chamber of Commerce does not sell its e-mail or address list to anyone)

Does your business wish to participate in the Gift Certificate program? _____

Key Contact Person (if different than "contact name" listed above) _____

Title/Position _____ Phone _____ e-mail _____

Please write a brief description of your business _____

Why are you joining the Geneseo Chamber of Commerce? _____

What issues are important to you regarding your business? _____

For Official Use Only

Dues Class _____

Computer Entry _____ Membership Decal _____ Date Paid _____

Check # _____ Amount _____ Membership Fee _____ 110% Donation _____