



APPLICATION

Our mission is to serve, lead and represent the business community and advance its interests for the good of the entire region.

Your Community. Your Future.
Together We Can Make A Difference.

Avilla Chamber of Commerce, ATTN: Membership
PO Box 614, Avilla, IN 46710

DATE: _____

CONTACT NAME & TITLE: _____

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

EMAIL: _____ WEBSITE: _____

FACEBOOK: _____ TWITTER: _____

PHONE: _____ FAX: _____

INFORMATIVE DESCRIPTION OF YOUR BUSINESS/ORGANIZATION (This information will be used for referrals and on our website): _____

Select Membership Level (circle or "x" one):

Individual (Non-Business) or Organization: \$25

1-5 Employees - Commercial or Professional: \$50

6+ Employees - Commercial or Professional: \$100

1-25 Employees - Industrial: \$100

26-50 Employees - Industrial: \$150

51+ Employees - Industrial: \$200

Office Notes:

Date Received/Initials:

Cash or Check #/Amount:
