SAVANNA
Chamber *of* Commerce

New Membership Application

Business Name:

_____

Contact & Title:

_____

Owner Name & Contact:

_____

_____

_____

Business Address (include PO Box & Physical Address)

_____

City, State, Zip:

_____

Business Phone:_____

_

Business Email Address:_____

Website:

_____

___

Year Business was established:

_____

Number of employees:

_____

Level of Membership chosen:

_____

150% Club: Yes NO (donating an additional 50%)

I wish to sponsor an event: ___ Annual Golf Outing ___ Ladie's Day Luncheon ___ Christmas Walk

I wish to participate in the Chamber Bucks Program: ___ Yes ___ No

Membership amount paid:

_____

Business Hours:

_____

Business description & Services provided:

_____

_____

_____

_____

_____

_____

Contact us: (815) 273-2722 | Email: chamber@savannail.com
Located at 319 Main St, 2nd Floor. | Website: savanna-il.com
Correspondence: PO Box 315 Savanna IL 61074

Savanna Chamber – your business "Wingman"