

2010 Membership Application

Company Name _____

Business Type _____ # of Full-time Employees _____

Contact _____

Title _____

Business Owner _____

Title _____

Address _____

City, State & Zip Code _____

Phone# _____ Fax# _____

E-mail Address _____

Website Address _____

Fill out below if you want Chamber mail sent to address other than business

Address _____

City _____ State _____ Zip _____

Payment: Credit Card (Visa, Mastercard & Discover) - Check - Cash

Card Type _____ Amount: \$ _____ Exp. Date _____

Card Number _____ CVV# _____

Signature _____

**Mail application and payment to: O'Fallon - Shiloh Chamber of Commerce
P.O. Box 371, 116 E. First Street, O'Fallon, IL 62269**

Referred By: _____

Thank you for your investment in the O'Fallon - Shiloh Chamber of Commerce.