



Astoria Area Chamber of Commerce

Application for Membership

Business

Name: _____ Date: _____
Last First M.I. Year Established

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: (_____) _____ E-mail Address: _____

Owner:

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: (_____) _____ E-mail Address: _____

We are very happy to have you as a member.

Astoria Area Chamber of Commerce year is May 1 to April 31.

The dues are due before April 31 of each year.

Business memberships for one year are \$100.00

Individuals memberships for one year are \$20.00

Please enclose Check, Payable to **Astoria Chamber** and send to:

Astoria Chamber
PO Box 215
Astoria, IL. 61501-0215

Signature: _____ Date: _____