



TOGETHER, GROWING GOSHEN

Company Name _____

Mailing/Billing Address _____

City _____ State _____ Zip _____

E-mail _____

Website Address _____

Telephone (____) _____ Fax (____) _____

Main Contact _____ Title _____

Additional Representative (s) _____

How did you hear about the Chamber _____

BRIEF DESCRIPTION OF BUSINESS

Please include a description of product/service from your company: (also space on reverse)

Number of Employees (FTE) _____ Date established locally _____

DUES COMPUTATION

\$ 320.00 for the first 5 employees _____

\$ 11.00 each for the next 20 employees _____

\$ 10.00 each for the next 30 employees _____

\$ 2.50 each for all employees over 55-1,000 _____

\$ 1.00 each for all employees over 1,000 _____

Enrollment fee _____ \$25.00 _____

Total Dues _____

For purposes of dues computation, two part-time employees equal one full-time employee.
97% of your membership dues are deductible as a necessary business expense. Continued on reverse.





DESCRIPTION OF BUSINESS CONTINUED...

Four horizontal lines for text entry.

METHOD OF PAYMENT

Discover MasterCard Visa Company Check

Credit Card # _____

Expiration Date _____ Signature _____

Amount of enclosed check \$ _____

MEMBERSHIPS AVAILABLE

Associate Membership

\$95—available to retirees or independent contractors “employed” by a member firm.

Non– Profit Organizations

Half of the regular dues by size of your organization.



232 S. Main Street, Goshen, IN 46526
(574) 533-2102 Fax (574) 533-2103
Visit your Chamber on the Internet at www.goshen.org