



G R E A T E R
CROWN POINT
 Chamber of Commerce

P. O. Box 343
 Crown Point, IN 46308
 219-663-1800
 fax 219-663-1989
 www.crownpointguide.com

MEMBERSHIP APPLICATION

Please be accurate and complete, and type or print legibly.

Business Name _____

Pres/CEO/Owner _____ **Chamber Representative** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (_____) _____ **Fax** (_____) _____

Web-Site Address _____ **E-Mail** _____

Business Classification _____ **No. of Employees** _____

Please give a brief description of your product or services.

Areas of Interest in the Chamber:

Chamber Development	_____	Commercial Development	_____	Tourism	_____
Member Relations	_____	Industrial Relations	_____	Government Affairs	_____
Management	_____	Economic Development	_____	Retail Affairs	_____
Festivals	_____				
Other	_____				

Membership Investment Schedule - This Is Tax Deductible

Membership dues are in accordance with this schedule. Note: In calculation the number of employees, two part-time employees equal one full time employee. For purposes of dues classification, the total number of employees is the full time number plus one half of the total number of part-time employees.

\$75.00 Initiation Fee

1-10	\$215.00	21- 50	\$690.00
11-20	\$445.00	51-100	\$835.00
100+ Negotiated Separately		Independent Contractor	\$130.00
		Individual Membership	\$100.00

Chamber use

Dues level _____ Date Effective _____ Referred by _____ Web site _____
 Called _____ Mailing List _____ Newsletter _____ Accounting _____ Membership List _____