



MEMBERSHIP APPLICATION

We wish to be a member of the Hawthorne Area Chamber of Commerce. To benefit and participate in an organization built to sustain camaraderie, an environment for quality business health, community development and provide leadership for community projects.

Business Name: _____

Business Contact: _____

Type of Business: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Web Page: _____

Do you prefer to get correspondences by mail or email? _____

Authorized Signature: _____

Membership Fees are payable in advance annually and may be deductible on your Federal Income Tax Return. Please attached a check or money order to your completed membership application made payable to the *Hawthorne Area Chamber of Commerce, Inc.*
Note: Membership is subject to approval by the Board of Directors.

MEMBERSHIP CATEGORIES: (please check one)

_____ Individual Member \$95.00

_____ Non-Profit \$120.00

_____ Business Member \$145.00

_____ Sustaining Member \$245.00

(Priority logo placement on all publications, listed first on website directory, logo on banner displayed at all Chamber functions, logo on monthly newsletter and a membership plaque for display)

Get hooked on Hawthorne!