



MEMBERSHIP APPLICATION

Business Name: _____

Address: _____

Address (2) _____

City, State, Zip _____

Individual's Name: _____

Title: _____

Business Phone: _____

Business Fax: _____

Email Address: _____ Website: _____

Number of Employees: _____ Date Business was Established: _____

Description of Business: _____

Membership Dues

Membership in GWIB is complimentary to those businesses that are members of the Geneva Chamber of Commerce. If you are not a member of the Geneva Chamber of Commerce and wish to become a member of GWIB, you may do so for \$50 for a period of one year, after which Geneva Chamber Membership will be required. Please check one below:

_____ Geneva Chamber Member
(GWIB Membership Complimentary)

_____ Non-Geneva Chamber Member
(\$50.00 Membership Required)

Make Checks Payable to "Geneva Chamber of Commerce"

Send To: 8 S. Third Street, Geneva, IL 60134

Tel. (630) 232-6060 • Fax (630) 232-6083

Chamber Approval
_____ (Initials/Date)
_____ Directory
_____ Blast

