



Application Agreement Card

PLEASE TYPE OR PRINT

2320 Glenview Road
Glenview, IL 60025
(847)724-0900

Firm Name _____

Mailing Address _____ City _____ Zip _____

Street Address _____ City _____ Zip _____

Phone Number _____ Date Created in Glenview _____ No. Full Time _____ Part time employees _____

FAX Number _____ Email _____ Website _____

Business Classification (as shown in Yellow Pages) _____

Description of goods and/or services _____

Chief Executive Officers: (Local) _____

Name _____ Title _____

Name _____ Title _____

Amount of Annual Dues (per guideline) _____

The dues are payable in advance and are continuous unless cancelled in advance of due date, in writing. A check for the initial fee and the one time application fee must accompany this application. Invoices are sent out in February of each year. New members joining throughout the year will find that their February invoice has been pro-rated accordingly.

The undersigned makes application for membership in the Glenview Chamber of Commerce, subject to acceptance by the Board of Directors.

Authorized by: _____ Title _____ Date: _____

Recommended by: _____

Main reason for joining: _____

Are you a Glenview resident?	
_____ Yes	_____ No