

TRENTON
CHAMBER OF COMMERCE

2010 Membership Application



DATE: _____

NAME OF BUSINESS / ORGANIZATION: / INDIVIDUAL:

CONTACT PERSON: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

If you would prefer to receive Chamber correspondences via email rather than regular mail please check here. _____

TYPE OF MEMBERSHIP:

BUSINESS _____ ORGANIZATION _____ INDIVIDUAL _____

WILL YOU ACCEPT TRENTON DOLLARS: Yes _____ No _____

**Dues are \$25.00 annually. Please make check payable to:
Trenton Chamber of Commerce, and mail to P.O. Box 37,
Trenton, IL 62293 by February 23rd.**