

TRENTON
CHAMBER OF COMMERCE

Membership Application



DATE: _____

NAME OF BUSINESS / ORGANIZATION / INDIVIDUAL:

CONTACT PERSON:

MAILING ADDRESS:

PHONE: _____ EMAIL: _____

*Providing an email address allows us to
notify you of Chamber events and news
electronically -- and helps control costs.*

TYPE OF MEMBERSHIP (check one):

BUSINESS _____ ORGANIZATION _____ INDIVIDUAL _____

WILL YOU ACCEPT TRENTON DOLLARS AT YOUR BUSINESS:

Yes _____ No _____

Dues are \$25.00 annually and should be paid before the end of February.

Please make check payable to: Trenton Chamber of Commerce.

Mail dues to: Post Office Box 37, Trenton IL 62293

or pay when you attend a monthly Chamber meeting.