

**Application Form**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date Joined: \_\_\_\_\_

**\$120.00 Annual Membership Fee**

Please mail in or deliver application with payment to Rogers Park Chamber of Commerce. 7231 N. Sheridan Rd. Chicago, IL 60626