



FOR OFFICE USE ONLY
MEMBER # _____

200 Potomac Blvd. , P.O. Box 1047 Mt. Vernon, Illinois 62864
(618) 242-5725 Fax:(618) 242-5130 www.southernillinois.com

APPLICATION FOR MEMBERSHIP

DATE _____

COMPANY _____

CONTACT NAME & JOB TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

PHONE() _____ EXT _____ FAX() _____

E-MAIL _____ WEB _____

ANNIVERSARY DATE _____ BUSINESS CATEGORY _____

BRIEF DESCRIPTION _____

CATEGORY OF DUES	*FULL-TIME/PART-TIME EMPLOYEE
BUSINESS.....\$200	EDUCATION.....\$125
Add \$5 per *FTE & \$3 per *PTE	Add \$25 per Superintendent/Administrator
FINANCIAL INSTITUTION.....\$200	EDUCATIONPROFESSIONALS.....\$25
Add \$10 per \$500K in assets	INDIVIDUAL/RETIRED PROFESSIONAL.....\$90
LICENSED PROFESSIONALS.....\$200	HOME BASEDBUSINESSES/OWNERONLY.....\$140
Add \$25 per associate professional	CITY, STATE, OR COUNTY AGENCIES.....\$90
Add \$5 per *FTE & \$3 per *PTE	LODGING APARTMENTS.....\$170
MEDICAL FACILITY.....\$200	Add \$1.50 per room
Add \$25 per Licensed Professional	*MAXIMUM INVESTMENT AMOUNT.....\$1875
Add \$5 per *FTE & \$3 per *PTE	*PLATINUM MEMBERSHIP-add 1/2 again to investment rate
CIVIC/SERVICE/FRATERNAL/NOT FOR PROFIT...\$90	NEW BUSINESS STARTUP (FIRST YEAR ONLY).....\$150
SECOND BUSINESS/SAME FIELD (ADD NON-SHARED EMPLOYEES).....\$100	

PAYMENT INFORMATION

PAYMENT METHOD:

CATEGORY TYPE _____ \$ _____

BILL ME CHECK CREDIT CARD

_____ FTE* @ \$5 each = \$ _____

NAME ON CARD _____

_____ PTE**@ \$3 each = \$ _____

CARD NO. _____

TOTAL \$ _____

EXPIRATION DATE: _____ CVV # _____

* Full Time Employees
** Part Time Employees

***MAKE CHECK PAYABLE TO: Jefferson County Chamber of Commerce**

***SEE DIRECT INCENTIVES TO MEMBERS PAGE**