



2009 Membership

Invoice // Application

Please send your check and membership form to:

New Palestine Area Chamber of Commerce

P.O. Box 541, New Palestine, IN 46163 861-2345

One Year Membership to New Palestine Area Chamber Of Commerce 2009 \$150.00

**Includes: Lunch/Breakfast at nine regular meetings Free Business Listing on Chamber Web-site
Free business listing in the 2009 Chamber Directory Opportunities to advertise in the Chamber Directory
Opportunities to advertise on the Chamber Web-site Your choice of opportunities to serve the Chamber Chamber Shirt**

Please complete ALL information. No prior year information will be used for any listings. This is in an effort to make sure all data is up-to-date.

Name of Business _____

Contact Person _____ Shirt Size S M L XL XXL (circle one)

Mailing Address _____

City _____ ST _____ ZIP _____

Phone # _____ Cell Phone _____ Home Phone _____

Type of Business _____ Fax # _____

E-mail _____ Newsletter preference email or regular mail (circle one)

Web-site Address _____

Dues must be paid in full prior to submitting information for the 2009 directory. Please use a copy of this form along with your canceled check as your receipt.

Please find enclosed check # _____ for \$ _____ for 2009 New Palestine Area Chamber Membership

NOTE: If you have a New Palestine Area Chamber of Commerce Representative & their contact information is different from what is listed above, please list below. We will send all Chamber news and correspondence to your representative.

Name _____ Phone _____ Cell Phone _____

Mailing address _____ City _____ ST _____ Zip _____

Email _____

One additional non-voting member allowed per organization (price of meals not included) Additional representatives beyond two requires additional payment equal to ½ annual dues.

Additional Non-voting Member Name _____

Email _____ Phone # _____ Cell Phone _____