

## BYRON AREA CHAMBER OF COMMERCE 2024 NEW MEMBERSHIP APPLICATION

The signer agrees to support the Byron Area Chamber of Commerce according to the dues structure set forth. In order to give the Chamber a steady and dependable income on which to plan its Community Development programs, this membership is to be continuous unless cancelled in writing.

Please fill from out completely, this information is what will be used for all printed publications.

Firm Name:					
Type of Business:					
Individual:			Owner	Manager	Other
Address:					
City:	Zip	Phone		Fax_	
Email:		We	bsite*:		
Chamber mail should be () Firm Only () Specific Indi					
Payment Amount \$	Date				
Signature			Title		
Membership Group (see	pg 2) – please c	heck one: 1	_23	4567	·8

Membership dues in the Chamber of Commerce may be tax deductible as an ordinary and necessary business expense.

Dues paid to the Chamber are not deductible as charitable contributions for Federal income tax purposes. The Chamber is not a charity but serves as an advocacy organization for area businesses. Please consult your tax advisor for details.

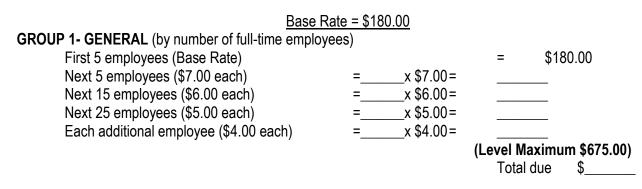
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*For office use*					
Date:// Payment: Check # Credit Card # Amount: \$					

232 W. 2<sup>nd</sup> Street • P.O. Box 405 • Byron IL 61010 (815) 234-5500 • (815) 234-7114 FAX • office@byronchamber.com

## BYRON AREA CHAMBER OF COMMERCE

## BUSINESS CLASSIFICATIONS MEMBERSHIP INVESTMENT SCHEDULE



**GROUP 2 – PROFESSIONALS** (doctors, dentists, veterinarians, realtors, attorneys, accountants, architects, chiropractors, brokers, insurance agents, investment firms)

