



A Division Of



LATINO BUSINESS ASSOCIATION
Membership Application

Date _____

Business/Organization Name: _____

Main Representative: _____

Address: _____

City _____ State _____ Zip _____ E-mail _____

Phone: () _____ - _____ Fax: () _____ - _____

Description of Organization _____

Business Category Code See accompanying forms) # _____

Membership Dues:

\$60.00 for Individual Membership if Joliet Chamber Member

\$100.00 for Individual Membership if Non-Chamber Member

Membership fees are billed annually on the anniversary date.

Please Make Checks Payable to Joliet Chamber of Commerce

Method of Payment: _____ Check _____ Visa _____ MC _____ Amex _____ Discover

Card Number: _____ Expiration date: ____/____

Signature: _____

P.O. Box 752 Joliet, IL 60434-0752 (815) 727-5371 Fax (815) 727-5374 www.jolietchamber.com

Located at 63 North Chicago Street City Center

www.el-lba.org

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