



Membership Application Invoice

Invoices are being sent to all current Chamber Members for membership dues. Please send your check and membership form to:

New Palestine Area Chamber of Commerce
P.O. Box 541 • New Palestine, IN 46163
861-2345

Name of Business _____

Contact Person _____

Mailing Address _____

City _____ St _____ Zip _____

Phone # _____ Fax # _____

E-Mail _____ Home Phone _____ Cell Phone _____

Type of Business _____

Additional Non-voting Member _____

Committees or interests in serving the Chamber

- Ambassador
- Business Promotion
- Membership
- Festivals
- Social Committee
- Beautification Committee

Someone you would like a Chamber Membership form sent to:

Business Name _____ Phone # _____

Business Address _____

and Contact Person _____

Someone you would like a Chamber Ambassador to call on.

Business Name _____ Phone # _____

Business Address _____

and Contact Person _____

Please find enclosed a check for \$ _____ for membership. Check # _____

**One Year Membership to New Palestine
Area Chamber Of Commerce 2008 \$150.00**

IMPORTANT!

If you have a New Palestine Area Chamber of Commerce Representative and their address and phone is different from the above information on this form, please check here and fill out representative's information. We will send all Chamber meeting news and correspondence to your representative.

Name _____ Phone _____

Mailing address _____ IN Zip _____

Annual Dues are \$150 per business. One additional non-voting member allowed per organization. Additional representatives beyond two require payment of 1/2 annual dues. All dues must be paid in full before submitting information for the 2008/2009 Chamber Directory.

Please use this as your receipt along with your canceled check