

**AURORA AREA CHAMBER OF COMMERCE**  
**MEMBERSHIP INVESTMENT FORM**

Please submit your information, as you would like it displayed in the membership directory. We will link your member listing directly to your home page if you provide your Internet address.

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*Business Name or Individual Member Name:*

\_\_\_\_\_

*Business Address:*

\_\_\_\_\_

*Mailing Address:*

\_\_\_\_\_

*Web Address:*

\_\_\_\_\_

*E-Mail:*

\_\_\_\_\_

*Phone:* \_\_\_\_\_ *Fax:* \_\_\_\_\_

*Contact Person:*

\_\_\_\_\_

*Number of Employees:* \_\_\_\_\_

*New Business – Please Schedule Ribbon Cutting:* \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
**Business Owner/Representative**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
**Chamber Executive Director**

*Check #:* \_\_\_\_\_ *Check Amount:* \$ \_\_\_\_\_ *Date:* \_\_\_\_\_