
CHAMBERNET NETWORKING GROUP *Membership Application*

Dues payment of \$140.00 per quarter & Administrative Fee of \$20 is required with application.
Upon approval of your application, you will be billed quarterly, until your group membership is cancelled.

New Membership: _____ **Date Joined: (billing date)** _____

Cancelled Membership: _____ **Date Cancelled:** _____
Your ChamberNet membership will be cancelled upon approval by Group Treasurer and receipt by Palatine Chamber office

Company Name: _____

Contact Name: _____ Title: _____

Billing Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Other _____

Email Address: _____ Web Site Address: _____

CHAMBER MEMBERSHIP: _____ Buffalo Grove _____ Mt. Prospect _____ Palatine
_____ Rolling Meadows _____ Wheeling/Prospect Heights

Please Give a Detailed Description of Your Business:

Are you a member of any other networking group/s? ____ YES ____ NO (Please list name/s)

I understand that execution of this application constitutes an agreement to abide by the
Guidelines of the ChamberNet Networking Group.

Member's Signature

Date

Treasurer Approval

Date

Please complete and either mail or fax to:

Palatine Area Chamber of Commerce
ATTN: Margie
625 N. North Court Suite 320
Palatine, IL 60067

Office: (847) 359-7200
Fax: (847) 359-7246