2024 MEMBER APPLICATION FORM	Date:
Name of Business:	
Location:	
Mailing Address (If applicable):	
City:	, Indiana Zip:
Owner/Contact Person(s):	Other Contacts:
E-Mail:	Other:
Website:	Facebook:
Phone: ()	Fax: ()
Description of Business:	
Type of Membership and Annual Fee	
Business I Membership (0 – 10 employees) \$75.00 Business II Membership (11 – 20 employees) \$150.00 Business III Membership (21 or more employees) \$175.00 Not-for-Profit Organization Membership \$25.00 Individual/Family Donation \$25.00	
The North Liberty Area Chamber of Commerce Office is a 501 (c) 6 organization.	
Questions? Give us a call/text at 574-656-3220. Please leave us a message as office hours are limited. We will call you back!	
Please return this form along with your check made out to North Liberty Area Chamber of Commerce to: P.O. Box 564, North Liberty, IN 46554. You may also pay for your membership online: www.northlibertychamber.org	

Thank you!

MISSION STATEMENT

The mission of the North Liberty Area Chamber of Commerce is to develop and sustain a prosperous economy and to implement a program of action that will enhance our community as a desirable place to live, to work and to visit.