

MEMBERSHIP APPLICATION (continued)

ORGANIZATION/COMPANY INFORMATION

Is your business (optional): Minority-Owned Woman-Owned Hispanic-Owned Veteran-Owned

Industry Category: (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Advertising & Media | <input type="checkbox"/> Family, Community & Non-Profit | <input type="checkbox"/> Pets & Veterinary |
| <input type="checkbox"/> Agriculture, Fishing & Forestry | <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Public Utilities & Environment |
| <input type="checkbox"/> Arts, Culture & Entertainment | <input type="checkbox"/> Government & Education | <input type="checkbox"/> Real Estate & Construction |
| <input type="checkbox"/> Automotive, Aviation & Marine | <input type="checkbox"/> Health Care | <input type="checkbox"/> Religious Organizations |
| <input type="checkbox"/> Business & Professional Services | <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Restaurants, Food & Beverages |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Industrial & Manufacturing | <input type="checkbox"/> Shopping & Specialty Retail |
| <input type="checkbox"/> Computers, IT & Technology | <input type="checkbox"/> Lodging, Travel & Tourism | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Employment & Staffing | <input type="checkbox"/> Personal Services & Care | <input type="checkbox"/> Other _____ |

To identify your sub-category/industry, visit IndyChamber.com/MemberHome to complete your company profile.

MEMBERSHIP INFORMATION

Membership Level: Silver Gold Platinum Signature Private 100 Commercial Club Leadership Circle

Method of Payment:

Amount due: _____

Check # _____

Credit card

Visa American Express Mastercard

Card Number: _____

Expiration Date: ____ / ____ Security Code: _____

Name on Card: _____

Billing Address: _____

City: _____ State: ____ Zip: _____

Signature: _____

Invoice (Signature level and higher only.)

I agree to pay half of the membership dues now and the remaining balance in 30 days.

Signature Date

INTERNAL USE ONLY

Payment Information

Date Authorized: _____

Approval #: _____

Auth. #: _____

Total Amount: _____

Clerk: _____

AGREEMENT

I understand that this is a one year membership which will automatically renew one year from date of application. I may cancel my membership at any time by calling Member Services at 317.464.2200. Membership dues are refundable within 30 days of each term period. If method of payment is credit card, I authorize the Indy Chamber to charge my credit card per the authorized amount of my membership based on the terms selected. I do not wish to enroll in auto-renewal of my Indy Chamber membership.

Signature: _____ Date: _____

**SUBMIT COMPLETED APPLICATION TO YOUR MEMBERSHIP RELATIONS MANAGER
OR EMAIL TO MEMBERSERVICES@INDYCHAMBER.COM.**