



PAOLI CHAMBER OF COMMERCE
2020 MEMBERSHIP FORM

Business size. Please select one category.

	<u>Business Category</u>	<u>Membership Dues</u>
_____	Individual, Non-Profit, or Church	\$25.00
_____	1 - 10 Employees	\$60.00
_____	11 - 30 Employees	\$110.00
_____	31 - 70 Employees	\$160.00
_____	71 - 99 Employees	\$210.00
_____	100 - 150 Employees	\$260.00
_____	151+ Employees	\$310.00

Business Name: _____

Business Address: _____

Mailing Address: _____
(If different than above) _____

Business Phone: _____

Business Website: _____

Business Email: _____

Business Phone: _____

Business Fax: _____

Contact Name: _____

Contact Phone: _____
(If different than business)

Contact Email: _____
(If different than business)

Continued to page 2



What would like to see the Chamber of Commerce do?

What activities would you like to be involved in? (Including Paoli Fall Festival)

Would you be willing to host a Chamber after-hours event?

_____ YES _____ NO

Please mail your complete form and payment to:

Paoli Chamber of Commerce
PO Box 22
Paoli, IN 47454

—OFFICE USE ONLY—

Payment received on: _____