



PAOLI CHAMBER OF COMMERCE  
2021 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)

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What would like to see the Chamber of Commerce do?

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

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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: \_\_\_\_\_