

Networking Partners Application

Willowbrook/Burr Ridge Chamber of Commerce & Industry

ARE YOU A CHAMBER MEMBER, if not you must submit your Chamber application with your Networking Partners application. ARE YOU A MEMBER OF ANOTHER NETWORKING GROUP similar to the this one, which limits membership to one person per profession and has the purpose generating referrals to the others in the group? If so, please provide name and description of the group. _____

Name _____	Title _____
Business Name _____	
Address _____	City _____ Zip _____
Busn Phone _____	Fax _____
E-mail _____	Web Site _____
Business Classification _____	
No. of employees _____	
Referring member _____	
Signature _____	Date _____

Compose three or four sentences telling important facts regarding your businesses:

ANNUAL MEMBERSHIP RATES

Dues are pro-rated for new members on a quarterly basis.

**January-March—\$120,
July-September—\$60**

**April-June—\$90,
October-December—\$150 (includes
last 3 months + next year dues)**

CHECK MUST ACCOMPANY FORM payable to Willowbrook/Burr Ridge Chamber of Commerce and Industry.

8300 So. Madison Street
Burr Ridge, IL 60527
Phone: 630-654-0909
Fax: 630-654-0922
Email: info@wbbrchamber.org
Web site: www.wbbrchamber.org

For Office use only:
DATE APPROVED: _____ Amount Paid \$ _____

