PARTNERSHIP AGREEMENT

Company information listed on website, print publications and press releases. Company Name___ Phone _(____)___ Toll-free Phone _(____)_ Website Hours of Operation _____ Physical Address _____ City, St., Zip Primary Category FREE: Additional Category(s) \$35 Each: How did you hear about the Niles Chamber? Description of Business - Listed on Website: ☐ Use Physical Address as Mailing Address Mailing Address _____ City, St., Zip Please list eight key words for your chamber website business listing: Primary Contact Information First/Last Name Job Title _____ Email (Emails are for Chamber use only) Direct line (____)__ Would you like our monthly newsletter: ☐ Emailed ☐ Postal Mail Would like information on: (please check all that apply) ■ Women In Business Luncheons ■ Multi-Chamber Networking Events



PARTNERSHIP OPTIONS

Renewal is annual based upon your anniversary date

Basic	\$275
Associate	\$400
Power Partner	
Community Investor	
Community Champion	
Retired Professional—Individual	
Non-Profit & Home Based Businesses	

Ask about additional options for Non-Profit & Home Based Businesses

Annual Dues \$ Additional Category \$ One Time Admin Fee \$ Total Payment \$
☐ Check Make payable to: Niles Chamber of Commerce☐ Charge my Credit Card:
Discover/Visa/Mastercard/AMEX #
Expires/Sec Code
Billing Address
Billing City, Zip Code
X Signature
The undersigned agrees to pay the annual dues appropriate to the enclosed fee schedule until canceled by proper notification.
Signature Date

Payments or contributions to the Niles Chamber of Commerce and Industry may be deductible as a business expense but are not deductible as charitable contributions for federal income tax purposes.

If in doubt, please contact your tax advisor.