



Chicago Greektown Chamber of Commerce 2019 Membership Application

Business Name: _____

Representative Full Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Secondary Email (optional): _____

I agree to receive emails for purposes related to the Chicago Greektown Chamber of Commerce

Please do not publish my email

Business Phone: _____ Fax: _____ Cell Phone: _____

Website: _____

Date your business opened: _____

Brief description of your business: _____

Signature: _____ Date: _____

Business owner or land owner (membership fee is \$150 for 2018)

Please return this with your check payable to: Chicago Greektown Chamber of Commerce.