



Business Connections

Membership Application

Date: _____

Last Name: _____ First Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Work): _____ Fax: _____

Email Address: _____

Referred By/Sponsor: _____

Business Category: _____

Title: _____

SEMI-ANNUAL PAYMENT = \$50.00 (Payable to Sugar Grove Chamber)

Methods Accepted: Cash or Check # _____ In the Amount of \$ _____

Sugar Grove Business Networking Commitment

- 1) Recruit two (2) guests per year.
- 2) Give at least two (2) referrals or connections per month.
- 3) I miss two (2) consecutive meetings without reason, my membership may be forfeited.
- 4) I have been advised of, and will adhere to the Business Connections group rules and procedures.
- 5) I will always try to have a member satisfy my business or personal need whenever possible.
- 6) I am not representing a multi-level or pyramid organization.

APPLICANT'S SIGNATURE: _____

Phone: 630-466-7895
Fax: 630-466-7825

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