



# Regional Chamber of Northeast Indiana

## Membership Application

Business:		
Business Description:		
Address:		Contact:
City:		Title:
State & Zip:		Email:
<b>*Please feel free to include additional contacts from your company who wish to be involved with our organization at the bottom of the back page. (Name, title, email, and phone)</b>		
Office Phone:	Cell Phone:	Contact's Home Address:
Assistant:	Assistant Phone:	Assistant Email:
Annual Revenue in NE IN: (Mark Appropriate Range)		
<input type="checkbox"/> Under \$5 Million	<input type="checkbox"/> \$5-\$10 Million	<input type="checkbox"/> \$10-25 Million
<input type="checkbox"/> \$26-100 Million	<input type="checkbox"/> \$101-250 Million	<input type="checkbox"/> \$251 Million or more

### So we can look out for you

Our Primary Business Function in Northeast Indiana is (select all that apply):

<input type="checkbox"/> Agri-business/food processing	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Architecture/engineering firm	<input type="checkbox"/> Hospitality
<input type="checkbox"/> Communications (telephone, cable, media)	<input type="checkbox"/> Industrial/Manufacturing
<input type="checkbox"/> Construction	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Defense/Aerospace	<input type="checkbox"/> Consulting
<input type="checkbox"/> Distributor/Warehousing/Transportation/Logistics	<input type="checkbox"/> Real Estate (Commercial/Residential)
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Research and Development
<input type="checkbox"/> Energy	<input type="checkbox"/> Retail
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Minority Owned Business
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Woman Owned Business
<input type="checkbox"/> Government/Administrative Agency/Law	<input type="checkbox"/> Other:



I'm interested in the following Policy Areas:

<input type="checkbox"/> Tax & Fiscal
<input type="checkbox"/> Labor
<input type="checkbox"/> Education
<input type="checkbox"/> Energy & Environmental
<input type="checkbox"/> Transportation
<input type="checkbox"/> Other (Please List):
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/> I'm interested in serving on the Regional Chamber Board of Directors
<input type="checkbox"/> I'm interested in serving in the Regional Chamber Policy Committee
<input type="checkbox"/> I'm interested in volunteering in another way

Additional Contacts:

Name:	Title:	Email:	Phone:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Membership Date:	Referred By:	Investment Level: