



MARKETING CONNECTION GROUP # _____
Membership Application

Date:	
Name:	
Business:	
Address:	
City:	State: Zip:
Phone:	Fax:
Email:	Website:
Description of Company:	
Percentage of each category or type of business activity your firm will represent at the Marketing Connection:	
List any companies that may conflict with yours:	
What type of leads/referrals do you want from the Marketing Connection:	
Person who invited you:	

Fax back application to the McHenry Area Chamber of Commerce at 815-385-9142 or mail to 1257 N. Green Street, McHenry, IL 60050.