



MARKETING CONNECTION III 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.