



Membership Application for 2015

Business Name _____

Contact Name _____

Address _____

Telephone No. _____

Email Address _____

Business Category

Retail	Service	Non-Profit
Industrial	Education	Professional

Other Category _____

Website Address to be linked: _____

Business Membership **\$50.00**

Community Support Membership **\$20.00**

Referral for future members _____

You may turn in your application and dues at the meeting or mail it to the
Leo Cedarville Chamber of Commerce, PO Box 321, Leo, IN 46765
Please make checks payable to the Leo Cedarville Chamber of Commerce.

***Please support our local businesses
and encourage friends and neighbors to join the Chamber!***

Questions? Call Marsha Wulpi 260.627.0400