



P.O. Box 357, Manhattan, IL 60442

chamber@manhattan-il.com

<http://www.manhattan-il.com>

## 2026 MEMBERSHIP APPLICATION

Business Name: \_\_\_\_\_

Description of Business: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Social media links: \_\_\_\_\_

Please list below the main contact person and any additional representatives:

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Membership: ☐ New ☐ Renewal

### MEMBERSHIP FEES

**1-2 Employees**  
☐ \$125

**3-14 Employees**  
☐ \$175

**15+ Employees**  
☐ \$250

**Non-profit 501(c)(3)**  
☐ \$100

**Government/Political**  
☐ \$200

Please fill out the entire application and sign below.  
Your cancelled check is your receipt.

**Make checks payable to:**

Manhattan Chamber of Commerce.

**Mail to:** Manhattan Chamber of Commerce  
P.O. Box 357, Manhattan, IL 60442.

**To Pay Online:**



Sign \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR YOUR MEMBERSHIP!**

### For Office Use Only

Date rec'd.: \_\_\_\_\_ Amount: \_\_\_\_\_ Check#: \_\_\_\_\_