

HAMILTON AREA CHAMBER of COMMERCE

**Membership Dues/Renewal**

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

**Address:** \_\_\_\_\_

**Contact Name/Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

\_\_\_\_\_ Check here if you'd like to be a part of the Hamilton Volunteer Network

**DUES:**

**\$35** – Individual

**\$50** – Non-Profit

**\$75** – Business (9 or less employees)

**\$100** – Business (10 or more employees)

Please Return to:  
Hamilton Area Chamber of Commerce  
Attn: Ginny Houlton, Treasurer  
P.O. Box 66  
Hamilton, IN. 46742