



THE  
**HERSCHER**  
Chamber of Commerce

## Membership Enrollment Form

Thank you for your interest in the Herscher Chamber of Commerce!  
Please complete the information below.

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

*Annual Dues: \$30, made payable to the Herscher Chamber of Commerce.*

Mail this completed form and payment to:

**The Herscher Chamber of Commerce**

PO Box 437

Herscher, IL 60941

Member: Illinois State Chamber of Commerce