



Membership Application

Member/Business Name: _____

Primary Contact: _____

Other Representatives: _____

Mailing Address: _____

Physical Location: _____

Telephone: _____ E-Mail: _____

Fax: _____ Web Address: _____

Facebook: _____

Twitter: _____

YouTube: _____

___ Payment Enclosed ___ Please Bill ___ P.O.# _____

#Employees _____ Investment \$ _____ Sponsor _____

Payment may be made with a Credit Card: Visa _____ MasterCard _____

Card Number: _____ Exp. Date ____/____/____

Name as it appears on card: _____

Authorized Signature: _____

Base Membership

- ☐ \$200...0-3 Employees (E)
- ☐ \$220...4-6 (E)
- ☐ \$245...7-10 (E)
- ☐ \$270...11-15 (E)
- ☐ \$320...16-20 (E)
- ☐ \$320 base + \$5 per (E) 21-100
- ☐ \$700 base + \$2.50 per (E) 101-200
- ☐ \$950 base + \$1.00 per (E) 201+

Hospitals/Healthcare

- ☐ \$400 Base + \$65 per professional

Professional Firms

- ☐ \$200 Base + \$65 per professional, partner, agent.

Retired Individuals

- ☐ \$55

Financial Institutions

- ☐ \$500 Base Includes first \$10 million of in-county deposits.
Plus \$25 per million \$11 to \$50M
Plus \$12.50 per million \$50M+

Utilities

- ☐ \$270 Base + \$0.5 per hookup/line/ meter

Non Profit Agencies

- ☐ \$120 (0-\$100k) Operating Budget
- ☐ \$200 (\$100k+) Operating Budget

Out of County

- ☐ \$245 (0 to 20 employees)
- ☐ \$420 (21+ employees or franchise)



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