



Micro Business Membership Application

Date: _____ Full Name: _____

Email: _____ Phone: _____

Address: _____
City State Zip Code

Industry: _____ Projected Annual Revenue: _____

Name of Business: _____

Year Business was Established: _____

Are you registered with the state of Illinois? Yes No

Number of Employees: _____

Please briefly share more about what you do and how you started your businesses so we can learn more about you:

Please describe your preferred client:

Why are you interested in IHCC membership?

Please note: The Micro Business Membership package is intended for first time members of the chamber who want to be introduced to the IHCC network and grow their business. As such, the \$300 membership fee is only for the first year of membership.

Once submission of this form is accepted, you should expect to receive an email within 3-5 businesses days with updates about your membership. For any questions, email Ivette Orozco at ivette.orozco@ihccbusiness.net and Hilda Alvarez at hilda@ihccbusiness.net.