

# Cambridge City Area Chamber of Commerce Membership Form

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Contact: Name: \_\_\_\_\_

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

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

DUES: \$75.00 / year

Make checks payable to:

Cambridge City Area Chamber of Commerce  
PO Box 206  
Cambridge City, IN 47327

**\*\*Please submit business logos at [cambridgecitychamberofcommerce@gmail.com](mailto:cambridgecitychamberofcommerce@gmail.com)\*\***

Thank you for supporting your local Chamber!

Please detach the bottom invoice for your record

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Thank you for your choosing to be a member of the Cambridge City Chamber of Commerce

2024 Annual membership/ \$75

**Due by Monday, February 19, 2024**

Paid on: \_\_\_\_\_

Submitted to the Cambridge City Chamber of Commerce