

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****

Thank you for supporting your local Chamber!

Please detach the bottom invoice for your record

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

2025 Annual membership/ \$75

Due by Monday, March 31 2025

Paid on: _____

Submitted to the Cambridge City Chamber of Commerce