



Membership Application  
Muncie-Delaware County Black Chamber of Commerce  
P.O. Box 2763  
Muncie, Indiana 47308

New Member \_\_\_\_\_ Renewal \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Business Category Description | Company Activity **(50 words or less)**

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Type of Sponsorship:

\_\_\_ Sole Proprietorship \_\_\_ C Corporation \_\_\_ S Corporation \_\_\_ Non-Profit \_\_\_ LLC \_\_\_ Other

Date Business was established: \_\_\_\_\_

Annual Membership Assessment 20__	
From: _____	To: _____
Small Business: \$200	Non-Profit: \$100 Associate Member: \$50

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you, we appreciate your support. Application must be accompanied by check or Money order. Please make payable to Muncie-Delaware County Black Chamber of Commerce. This organization is exempt by the Internal Revenue Service (Section 501c3). Therefore, all donations and contributions are tax deductible.

This application was provided by: \_\_\_\_\_ Date: \_\_\_\_\_