



2024

Membership Application

Business / Organization

Instructions: Please provide the information requested on this form. This information will help us to best promote your business and to stay in contact with you. The secondary contact is optional. If you have questions, please contact us at (815) 584-1830.

Return to:
Dwight Economic Alliance
132 E. Main Street
Dwight, IL 60420

Business Information

Business Name: _____

Business Address: _____

Business City: _____ State: _____ ZIP: _____

Phone: () _____ Fax: () _____

Website: _____

Date of Founding (date used for determining the business's official anniversary): _____

Brief Description of Business: _____

*May be used on our website
and in advertising materials.
Attach page if needed.* _____

Contact 1

Name: _____ Title: _____

Work Phone: () _____ Cell: () _____

e-Mail: _____

Contact 2

Name: _____ Title: _____

Work Phone: () _____ Cell: () _____

e-Mail: _____

Membership

Membership Level ☐ Bronze (\$300) ☐ Gold (\$1500) ☐ Not-for-Profits (Ambassador) (\$100)
☐ Silver (\$750) ☐ Platinum (\$4000) ☐ Other: _____

Pay Now **Bill Me:** ☐ Send me an invoice for the full amount.
☐ Split Amount into Quarterly Invoices (January, April, July, October)

Check #: _____ Purchase Order #: _____

Amount: _____ Authorized Signature: _____