

MEMBERSHIP APPLICATION

Date _____

Business Name: _____ Owner: _____

Business Representative: _____ Title: _____

Physical Address _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Business Phone: (_____) _____ Fax: (_____) _____

Email: _____ Website: _____ Website to Chamber

Type of Business: _____ Years in Business: _____

of Employees: _____ Recruited by: _____

Membership Directory Categories: (Limit 3)

We use these categories to refer your business and list you in the Chamber's Membership Directory. Please make sure the category you choose is one that (1) places you with your competitors, and (2) is an obvious choice for your business. Referrals are usually requested by category ... make sure we can find you!

Annual Dues: \$ _____

+ One Time Processing Fee: \$ **25.00**
=====

= Total Due: \$ _____

Method of Payment: Cash Check MasterCard Visa Discover

Name on Card: _____ Signature: _____

Card Number _____ 3 Digit Code: _____ Exp. Date: _____

DUES INVESTMENT SCHEDULE

Employees:

1-2 \$ 110
 3-5 \$ 140
 6-10 \$ 230
 11-15 \$ 325
 16-50 \$ 400
 Over 50..... \$ 450

Non-Profit Organization: \$ 100

Associate: \$ 75
 (Persons not engaged in business)

Please Remit with Payment to: P.O. Box 986, Holland, OH 43528 OR Fax: 419-865-3740