



OUR GOALS ARE UNLIMITED

CHARDON

AREA CHAMBER OF COMMERCE
111 South Street
Chardon, OH 44024
(440) 285-9050

Membership Application

Date: _____ Company Name: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: () _____ Fax : () _____

E-mail: _____ Web Site: _____

Years in Business: _____ Number of Employees: _____

Company Representative(s): _____

Title: _____

Description of Business, Product(s) or Service(s):

Would you like to receive the following mailings:

Chamber Chat (newsletter) YES NO Special Events YES NO

If so, what is your acceptable format? U.S. Mail E-mail

Would you like information about our member benefit programs? YES NO

How did you hear about the Chardon Area Chamber of Commerce?

Annual Dues Schedule (please ✓ one): \$100 (1-2 Employees) \$125 (3-10 Employees)
 \$150 (11-20 Employees) \$190 (21-40 Employees) \$225 (41-100 Employees)
 \$275 (101-200 Employees) \$425 (200+ Employees) \$100 (Non-Profit/Civic/Government)

Chardon Area Chamber of Commerce Web Site Service: (services can be added at a later date if desired)

Company Listing (no charge)- includes Company Name, address, phone, and e-mail listed on our web site

Hyperlink (no charge)- includes above listing plus your website URL with link to your existing site

Chardon Area Chamber of Commerce Scholarship Fund Contribution (optional):
(contributions to the Scholarship Fund are tax deductible)

\$10 \$25 \$50 \$100 other: _____

Fees Due with Application: Dues \$ _____
(Please include check with Scholarship Fund: \$ _____
application. Payment will TOTAL: \$ _____
be returned if application is denied by the Board of Directors)



Card Number _____

Exp. _____

Cardholder Name _____

Cardholder Signature _____

For Office Use:
Date Application Received:

Payment Received:
Date:
Amount:

Date Membership Approved: