

BUSINESS/ORGANIZATION NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS (if different): _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____

WEBSITE: _____

BUSINESS DESCRIPTION: _____

BUSINESS TYPE: Sole Proprietor ___ Partnership ___ Corporation ___ Non-Profit ___ Other _____ YEARS IN OPERATION _____

NUMBER OF FULL-TIME OWNERS & EMPLOYEES (Note: two part-time = one full-time employee) _____

PRIMARY CONTACT / TITLE: _____

E-MAIL ADDRESS: _____ PHONE _____

ANNUAL MEMBERSHIP INVESTMENT

Membership Renewal is One Year from the submission of this application.

Non-Profit Organization volunteer only	\$40 _____	Why did you join the Chamber? _____
Individual Citizen	\$50 _____	_____
Business or Organization with paid staff		Are you interested in being on a Chamber Committee? _____
▪ One to two employees	\$50 _____	Are you interested in volunteering for the Chamber? _____
▪ Three to five employees	\$75 _____	Are you interested in learning more about Chamber Benefits? _____
▪ Six to fourteen employees	\$100 _____	Are you interested in being part of our Chamber Benefits Package by offering discounts to Chamber members? _____
▪ Fifteen to forty-nine employees	\$175 _____	
▪ Fifty or more employees	\$300 _____	

- We reserve the right to use e-mail as the preferred mode of communication with our members.
- We reserve the right to publish our member list and share member information with Chamber members.

VOTING MEMBER: Business or Organization within the 45387 or 45316 zip codes.

NON-VOTING MEMBER: Individual Citizen or Business or Organization outside the 45387 or 45316 zip codes.

The Primary Contact Person is the Designated Voting Representative for Voting Members. Please designate an Authorized Voting Alternate.

NAME / TITLE: _____

I certify that this information is correct: _____ Date _____

Send this application with payment to 101 Dayton St., Yellow Springs, OH 45387.

Due and payable by renewal date; a delinquency of 45 days from your renewal date results in lapse of membership.

For CHAMBER Office Use only:	Investment Paid:
MEMBER SINCE: _____	AMOUNT: _____
VOTING MEMBER: Yes _____ No _____	DATE: _____