

MEMBERSHIP APPLICATION

Date: _____

BUSINESS/ORGANIZATION NAME: _____

PHYSICAL BUSINESS ADDRESS: _____

MAILING ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY CONTACT & TITLE: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

WEBSITE (Linked to Chamber website): _____

BUSINESS DESCRIPTION (A short but precise description for the Chamber website): _____

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) _____

ANNUAL MEMBERSHIP INVESTMENT

Private Citizen	\$40 _____	Why did you join the Chamber? _____
Non-Profit Organization volunteer only	\$45 _____	_____
Business or Non-Profit Organization with paid staff		Are you interested in being on a Chamber Committee? _____
▪ One to two employees	\$60 _____	Are you interested in volunteering for the Chamber? _____
▪ Three to five employees	\$90 _____	Are you interested in learning more about Chamber Benefits? _____
▪ Six to fourteen employees	\$125 _____	Are you interested in being part of our Chamber Benefits Package by offering discounts to Chamber members? _____
▪ Fifteen to forty-nine employees	\$215 _____	
▪ Fifty or more employees	\$350 _____	

- Membership Renewal is One Year from the submission of this application; a delinquency of 45 days results in lapse of membership.
 - The Chamber uses e-mail for all communication with our members. Check here if you are unable to receive email. _____
- The Primary Contact Person is the Designated Voting Representative. Please designate an Authorized Voting Alternate.

NAME / TITLE: _____

I certify that this information is correct: _____ Date _____

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

For CHAMBER Office Use only:	Amount Paid:	Date:	Ck #:
<input type="checkbox"/> Benefit Packet			
<input type="checkbox"/> Member Decal			
<input type="checkbox"/> Member List			
<input type="checkbox"/> Website			
<input type="checkbox"/> Email List			
<input type="checkbox"/> Member Since _____			