MEMBERSHIP APPLICATION

BUSINESS/ORGANIZATION NAME: ______________________________________________________________

PHYSICAL BUSINESS ADDRESS: __________________________________________________________________

MAILING ADDRESS (if different): _________________________________________________________________

CITY: ______________________________________________________STATE: _______ ZIP: ______________

PRIMARY CONTACT NAME & TITLE: _____________________________________________________________

PHONE: ______________________________ E-MAIL:_______________________________________________

SOCIAL MEDIA (Usernames/Page Names, if applicable):_________________________________________________

WEBSITE (Linked to Chamber website):_____________________________________________________________

BUSINESS DESCRIPTION (A short but precise description for the Chamber to use internally):  ____________________  
___________________________________________________________________________________________

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                          $50 _______ Why did you join the Chamber?______________________________

Non-Profit Organization                  volunteer only $50 _______

Business or Non-Profit Organization with paid staff:

■ One to three employees                   $75 _______ Are you interested in being on a Chamber Committee? __________
■ Four to fourteen employees               $125 _______ Are you interested in volunteering for the Chamber? __________
■ Fifteen to forty-nine employees          $200 _______ Are you interested in learning about Chamber Benefits? __________
■ Fifty to ninety-nine employees           $450 _______ Are you interested in being part of our Chamber Benefits
■ One hundred or more employees           $525 _______ Package by offering discounts to Chamber members? __________

- Membership Renewal is 1 Year from submission of application; a 45 day delinquency results in lapse of membership.
- The Chamber uses e-mail for all communication with members. Let us know if you are unable to receive email.
- Check here to sign up for the YS Chamber’s Email Newsletter with important business news & updates: __________

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

NAME / TITLE: ______________________________________________________________________________

CONTACT INFO (If different from Primary Contact): __________________________________________________

I certify that this information is correct: ________________________________________________________ Date __________

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

Please consider a separate tax-deductible donation to the YS Chamber Scholarship Fund. Ask us for details!