



OUR GOALS ARE UNLIMITED

CHARDON

AREA CHAMBER OF COMMERCE
100 Center Street, Suite 160
Chardon, OH 44024
(440) 285-9050

Membership Application

Date: _____ Company Name: _____

Mailing & Physical Address: _____ City: _____

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

Web Site: _____

Number of Employees: _____ How many years have you been in business? _____

Company Representative: _____

Title: _____

E-mail(s) to receive eblasts: _____

How did you hear about the Chamber? _____

1-2 sentence description of Business, Product(s) or Service(s) for website:

Category business should be listed in _____

- Annual Dues Schedule (please ✓ one):
- \$125 (1-2 Employees)
 - \$150 (3-10 Employees)
 - \$180 (11-20 Employees)
 - \$220 (21-40 Employees)
 - \$250 (41-100 Employees)
 - \$300 (101-200 Employees)
 - \$400 (200+ Employees)
 - \$100 (Non-Profit/Civic/Government)

Please check for permission to list the below on our web site:

- Company Listing (no charge); includes company name, address, phone and link to web address

Check below if you wish to donate to the Chardon Area Chamber of Commerce Scholarship Fund (optional):

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

Fees Due with Application: Dues \$ _____

(Please include payment with application) Scholarship Fund: \$ _____

TOTAL: \$ _____



Card Number _____ CVC# _____

Exp. _____ Zip _____

Cardholder Name _____

Cardholder Signature _____