

MEMBERSHIP APPLICATION

PLEASE PRINT LEGIBLY

Company Name

Contact Name

Address

Title

City State Zip

Applicant's Signature

Phone Number Fax Number

Number of Employees
Part Time _____ Full Time _____

E-mail Address

Product/Service Classification (Yellow Page Listing)

Web Site Address

Base Investment \$ _____

County

Online Dir. Enhancement \$ 50.00 (optional)
(incl. Logo & 50 words of text)

Home Office Address/Billing Address

Processing Fee \$ 25.00

City State Zip

Total Amount \$ _____

Employees wishing to receive Chamber email

INVESTMENT PAYABLE ANNUALLY

How do you prefer we communicate to you?

E-Mail _____ Fax _____ US Mail _____

Company MBE Certified ___ Yes ___ No
(Minority Business Enterprise)

Company WBE Certified ___ Yes ___ No
(Women's Business Enterprise)

* Your annual membership investment to the Lima/Allen County Chamber of Commerce may be tax deductible as a business expense, but not as a charitable expense.

Reason for joining the Chamber: _____

Describe your company's products/services: _____

Please submit to:
Lima/Allen County Chamber of Commerce
144 S. Main St., Ste 100
Lima, OH 45801