

Membership Application

Business Name: _____
 Telephone: _____ Fax: _____
 Address: _____
 City: _____ Zip: _____
 E-mail address: _____
 Website: _____

PRINCIPAL OFFICERS/CONTACTS

Name _____ Title _____
 Name _____ Title _____

MEMBERSHIP TYPE:

See next panel for descriptions of types

No. of Employees: _____ Year Started _____
 _____ Main Office _____ Branch Office (check one)

NATURE OF YOUR BUSINESS:

Please give a 30 word or less description of your business. Include services, types of products

CATEGORY: (How are you listed in the Yellow Pages?)

CODE OF ETHICS

I agree, that as a condition of membership in the Cuyahoga Falls Chamber of Commerce, I will conduct my business in a manner that is ethical, fair and honest in all my dealings with my customers, vendors, associates, employees and fellow Chamber businesses.

EXPECTATIONS

What are your expectations of the Chamber of Commerce?

REFERRED BY: _____

SIGNATURE of Company Representative:

 Please also sign the COMMUNICATIONS CONSENT NEXT PANEL

MEMBERSHIP INVESTMENT SCHEDULE

# of Employees	NEW Member Rate	RENEWAL Member Rate
1-4	\$255	\$230
5-9	\$300	\$270
10-19	\$370	\$345
20-29	\$455	\$420
30-39	\$490	\$450
40-49	\$525	\$500
50 +	\$575	\$550
Home-based/ start up business	\$145	

We accept American Express/MasterCard/Visa and Check/Cash for dues investment payments.

When you pay with a *Credit Card we will keep your number on file and automatically renew your membership for you as a convenience.

Any Membership that is 90 plus days past due will pay the *New Member Rate to be reinstated as a member.

Current Member Rate includes renewal discount.

TYPE OF MEMBERSHIP

Business—any business may join the Chamber based on the Membership Investment Schedule; this is based on your employee count. Your listing in the Membership Directory will be listed both alphabetically and by business category.

Second Business—any paid Chamber Member with a Second Business may have an additional listing for that business for \$95. Your Second Business will be listed alphabetically and by business category.

Associate—any individual working for a paid Chamber Member, Retired or working for a Member Non-Profit Organization or Student Organization may join the Chamber for \$95. You will be listed under your own name and your company name in the Membership Directory.

Non-Profit Organizations—any Non-Profit Organization may join the Chamber as a group for \$125. Your listing in the Membership Directory will be listed both alphabetically and by business category.

Individual—any Individual may join the Chamber for \$255. You will be listed in the Membership Directory under your own name in the "Individuals" category. No business name will be included.

NEW Home Based Business or Start Up Business \$145. Must be a locally owned (no chains or franchise businesses) business less than 1 year - and have no more than 2 employees. Requirement of this type of membership is a commitment to serve on a Chamber Planning Committee during your first year of membership. This type of membership is valid one time only, and at the anniversary date for membership renewal you/your business will automatically go to the next level of membership dues.

For voting and election purposes, individuals, organizations, and business that join the Chamber of Commerce are entitled to one vote per membership.

Membership dues are paid annually on your anniversary date. Membership dues may be used for tax purposes as a business expense.

Once membership dues are paid we cannot provide a refund.

NOTICE - COMMUNICATIONS CONSENT

By providing your address, telephone numbers, fax numbers and email address, you give the Cuyahoga Falls Chamber of Commerce permission to communicate to you by these means with information concerning events and Chamber-related activities. Your information will also appear in our Membership Directory, Chamber Newsletter and on our Web site. Other Members and the general public have access to this information.

Please check the areas you are giving us permission to communicate with you:
 ___ Address ___ Telephone # ___ Fax # ___ E-mail

Please check those you are giving us permission to publish with your information:
 ___ Address ___ Telephone # ___ Fax # ___ E-mail
 ___ Web site ___ Membership Directory ___ Newsletter

Signature _____ Date _____

Print name _____