



# Chamber Membership Application 2011

Please mail or fax to: Eastern Maumee Bay Chamber of Commerce  
2460 Navarre Ave., Oregon, Ohio 43616 Phone (419) 693-5580; Fax (419) 693-9990

Date: \_\_\_\_\_

Name of Business \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Web site \_\_\_\_\_

**INFORMATION FOR MEMBERSHIP DIRECTORY & MAILING LIST**

Contact person \_\_\_\_\_

Title/Position \_\_\_\_\_

Phone, if different from above \_\_\_\_\_ E-mail \_\_\_\_\_

**BRIEF DESCRIPTION OF YOUR BUSINESS.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>2009 Membership Dues Structure</b>	
Please Circle Dues Level	
<b>Membership Category</b>	
Senior Personal Membership <small>60+ yrs of age Non-Business. No Company references</small>	\$ 50.00
Supporting Personal Membership <small>Under 60 yrs of age. Non-Business. No Company references</small>	\$ 75.00
Franchise Membership <small>Any Manager of a franchise opting to be a member of the Chamber</small>	\$ 75.00
1-5 Full Time Employees <small>Company Name Reference</small>	\$135.00
6-25 Full Time Employees <small>Company Name Reference</small>	\$185.00
Banks/Savings and Loans <small>Company Name Reference</small>	\$185.00
26+ Full Time Employees <small>Company Name Reference</small>	\$375.00

# of Full Time Employees \_\_\_\_\_

- Payment Enclosed
- Please Invoice
- Credit Card

Name as on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expires \_\_\_\_\_

Signature \_\_\_\_\_