



**CHAMBER MEMBERSHIP APPLICATION 2018**

PLEASE MAIL TO: **EASTERN MAUMEE BAY CHAMBER OF COMMERCE**  
4350 NAVARRE AVE STE C., OREGON, OHIO 43616 PHONE (419) 693-5580  
OR E-MAIL DIRECTOR@EMBCHAMBER.ORG

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>2018 MEMBERSHIP</b>	
<b>PLEASE CHECK DUES LEVEL</b>	
<input type="checkbox"/> 1-5 Full Time Employees Company Name Reference	\$150
<input type="checkbox"/> 6-25 Full Time Employees Company Name Reference	\$200
<input type="checkbox"/> Banks/Savings and Loans Company Name Reference	\$200
<input type="checkbox"/> 26+ Full Time Employees Company Name Reference	\$400
<b>EMB COMMUNITY PARTNERS</b>	
<input type="checkbox"/> Community Supporter Includes event sponsorship *	\$2500
<input type="checkbox"/> Community Patron Includes ALL event Co-Sponsorship*	\$3500
<i>*Contact the EMB Chamber for Additional details</i>	

**# Of Full Time Employees** \_\_\_\_\_

- Payment Enclosed**
- Please Invoice**
- Credit Card**

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

CC #: \_\_\_\_\_

Expires \_\_\_\_\_ Zip \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_