

SOUTH METRO REGIONAL CHAMBER OF COMMERCE NEW MEMBERSHIP APPLICATION

332 Congress Park Dr., Suite B, Dayton, OH 45459br
(937) 433-2032 (937) 433-6881 (fax) web page: www.smrccoc.org
Federal Tax ID#31-0935785

MISSION STATEMENT: We advocate for business and serve members' needs
to assure economic vitality in our region.

MEMBERSHIP:

One main address and contact name will be listed in the annual Membership Directory, and will be eligible to hold office, receive mail and benefits. Membership dues are based on total number of employees at that address. Memberships for additional locations with the same company name may be purchased, and then will receive the same benefits as outlined above.

ANNUAL MEMBERSHIP DUES (based upon number of employees at your location; some exceptions may apply):

- | | | | |
|----------------------------------|---------|------------------------|--------------------------|
| <input type="checkbox"/> 1-5 | \$250 | *Please report # _____ | over 30 hours employees |
| <input type="checkbox"/> 6-25 | \$325 | # _____ | 20 – 30 hours employees |
| <input type="checkbox"/> 26-75 | \$350 | # _____ | under 20 hours employees |
| <input type="checkbox"/> 76-150 | \$485 | | |
| <input type="checkbox"/> 151-300 | \$625 | | |
| <input type="checkbox"/> 301-400 | \$775 | | |
| <input type="checkbox"/> 400+ | \$1,200 | | |

Corporate Name *dba: doing business as (will appear in Directory as listed here)*

Contact (first name) *(last name)* *(title)*

Address *City* *State* *Zip*

Phone *Fax* *Ee-mail*

Business Category (see reverse) *Business Description (up to 30 characters)*

PAYMENT: Annual membership investment enclosed: \$ _____ + \$50 (initial enrollment fee) = \$ _____ for _____ employees.
(Number)

OPTIONAL ENDOWMENT: I have included a contribution of \$ _____ to be used for the advocacy of economic development in our region.

- Check enclosed
- Credit card (MasterCard, Visa, and American Express only) disposal by Cintas Document Management

(Credit card number) (Expiration date) 3 digit (CVV) (Signature)

Thank you for supporting your fellow business partners and the South Metro Regional Chamber of Commerce in one voice for economic health, workforce development and dynamic progress! Your business success is very important to us.
Our outstanding events are provided by our supporting cities and townships

*Your application will be presented to the Board of Directors
at the next monthly board meeting (4th Thursday of each month).*

A ruling being issued by the Federal Communications Commission states that our Chamber cannot contact you by fax or e-mail without your prior written authorization. I understand that by providing the above information, I consent to receive communications at the e-mail and street addresses as well as the phone and fax numbers provided. Thank you.

(Company)

(Signature of person authorized to provide such consent)

BUSINESS CATEGORIES

Please indicate your classified category on the reverse side of this application. Then add an appropriate business description up to 30 letters and spaces.

Accounting/Tax	Advertising/Marketing	Animals
Apartments/Condos	Architects	Art
Assisted or Senior Care	Athletics	Attorneys
Audio/Video	Auto/Truck	Banking
Building Products	Business/Office	Churches
Chamber of Commerce	Cleaning	Communications
Clubs—Private & Public	Computers	Construction
Consulting	Contractors	Direct Mail
Education	Electronics	Engineering
Equipment	Entertainment/Recreation	Farming
Financial Services	Florists	Food
Funeral	Government	Hair/Beauty
Health	Hospitality	Individual
Insurance	Internet Services	Lawn/Landscaping
Libraries	Manufacturers/Industrial	Media
Non-profit	Packaging	Photography
Plumbing & Heating	Printing	Public Utilities
Publishing	Real Estate	Residential
Retail	Research & Development	Services
Signs	Staffing	Storage
Transportation	Travel	Uniforms
Vending		