



# MEMBERSHIP

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

- New Member
- Renewing Member

## COMPANY INFORMATION

Company Name: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Business Category: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

## VOLUNTEER OPPORTUNITIES

I would like to be involved with the following committee(s):

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> By-Laws    | <input type="checkbox"/> Public Relations          |
| <input type="checkbox"/> Website     | <input type="checkbox"/> Membership | <input type="checkbox"/> Fundraising               |
| <input type="checkbox"/> Nominating  | <input type="checkbox"/> Programs   | <input type="checkbox"/> Young Professionals Group |

## MEMBERSHIP OPPORTUNITIES

Annual Dues:    \$150 (1-10 Employees)       \$200 (11-25 Employees)  
                      \$275 (26-50 Employees)       \$325 (51 + Employees) ..... \$ \_\_\_\_\_

Member List:    \$35 Excel File of Current Members ..... \$ \_\_\_\_\_

**TOTAL DUE**    \$ \_\_\_\_\_

## PAYMENT INFO

- Check (Made Payable to: Cuyahoga Valley Chamber of Commerce)
- MasterCard     VISA     Discover     American Express

Credit Card Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Billing Zipcode: \_\_\_\_\_      CVV Code: \_\_\_\_\_ (3-digit code on back of card)

Email: \_\_\_\_\_ (to send receipt to)

**CHAMBER USE ONLY:**

**Please forward payment along with a copy of this form to:**

Cuyahoga Valley Chamber of Commerce | P.O. Box 31326 | Independence, Ohio 44131  
info@cuyahogavalleychamber.com | www.cuyahogavalleychamber.com | 216-573-2707