



**MEMBERSHIP APPLICATION**



COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS (Will not be published-Chamber use only): \_\_\_\_\_

Total Full Time Employees \_\_\_\_\_

Total Part Time Employees \_\_\_\_\_

Is your business registered with the Ohio Secretary of State's office ? (Check Yes or No) \_\_\_\_\_

Has company obtained proper licensing/permits from the City, County and State? (Check Yes or No) \_\_\_\_\_

Description of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a website which you would like to link to the Chamber's website? \_\_\_\_\_ If yes, what is website address? \_\_\_\_\_

**MEMBERSHIP AGREEMENT:**

In support of Salem Area Chamber of Commerce and its programs, the undersigned confirms that on this date, all the above information is believed to be correct. By my signature on this Agreement, I agree to comply with the terms listed below and hereby subscribe to membership and agree to pay annual dues in the sum of \$ \_\_\_\_\_

This amount shall be payable: (Check One) Annually \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Quarterly \_\_\_\_\_

It is agreed that the annual investment shall continue from year to year unless cancelled by written notice while in good standing, and that such dues are payable in advance.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHECK #: \_\_\_\_\_ CREDIT CARD: (CONTACT THE CHAMBER WITH CARD INFORMATION)