



MEMBERSHIP APPLICATION

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CONTACT NAME: _____ TITLE: _____

PHONE: _____ FAX: _____

Type of Business (Please Check One)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Automotive | <input type="checkbox"/> Christian/Religious | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Educational | <input type="checkbox"/> Elec/Plumbing/Heating | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Food Retail | <input type="checkbox"/> Golf Courses | <input type="checkbox"/> Health/Medical |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Insurance | <input type="checkbox"/> Legal | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Photography | <input type="checkbox"/> Printers/Publishers | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Retailer | <input type="checkbox"/> Services | <input type="checkbox"/> Technical Services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Travel Agency | <input type="checkbox"/> Utilities | <input type="checkbox"/> Wholesaler |

Total Full Time Employees _____ * Total Part Time Employees _____ *

*INFORMATION REQUIRED

Does your company export? _____

E-mail address(Will not be published-for Chamber use only): _____

Do you have a website which you would like to link to the Chamber's website? Please list website address below:

Radius of business operations: _____ Hours of operations: _____

Does your company offer any specialized products or services? _____

In support of Salem Area Chamber of Commerce and its programs, the undersigned hereby subscribes to membership and agrees to pay annual dues in the sum of \$ _____.

This amount shall be payable: 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: _____

AMOUNT PAID: _____ CHECK #: _____

For more detailed information of these programs contact:

SALEM AREA CHAMBER OF COMMERCE

210 East State Street, Salem, Ohio 44460

Phone: 330-337-3473 Fax: 330-337-3474

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