



MEMBERSHIP APPLICATION



COMPANY NAME: _____ COMPANY PHONE: _____

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E-MAIL ADDRESS (Will not be published-Chamber use only): _____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.

Refund Policy: Up to 60 days from date of application, 75% of dues will be refunded. After 60 days, no refund will be issued.

APPLICANTS

SIGNATURE: _____

DATE: _____

C H E C K



#: _____ CREDIT CARD: (CONTACT THE CHAMBER WITH CARD INFORMATION)