

# MEMBERSHIP APPLICATION

## BUSINESS INFORMATION

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ P.O.Box \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

### MEMBERSHIP CONTACT(S) -LIST ADDITIONAL ON BACK OF APPLICATION

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

BUSINESS CATEGORY \_\_\_\_\_

SOCIAL MEDIA SITES \_\_\_\_\_

## ANNUAL INVESTMENT RATES

1 to 5 employees: \$200

6 to 10 employees: \$220

11 to 15 employees: \$245

16 to 20 employees: \$265

21 to 30 employees: \$285

31 to 40 employees: \$330

41 to 50 employees: \$385

51 to 100 employees: \$710

101 to 200 employees: \$1.1K

201 to 300 employees: \$1.4K

301 to 400 employees: \$1.7K

401 to 600 employees: \$2K

Individuals & Non-Profit  
Organizations: \$80

Membership Investment  
May Be A Tax Deductible  
Business Expense

**BUSINESS DESCRIPTION:** Use up to 500 words to describe your business. Send description via email to [Eileen@GreaterNilesChamber.com](mailto:Eileen@GreaterNilesChamber.com) or attach to this form.

HOW DID YOU HEAR ABOUT CHAMBER MEMBERSHIP?  Chamber Staff  Ambassador  
 Board Member  Chamber Member  Membership Drive

Other (please describe) \_\_\_\_\_

Acknowledgment: The undersigned hereby applies for membership in the Greater Niles Chamber of Commerce. Payment is for the first twelve months' dues. I understand my membership will be renewed annually in the month in which I joined unless I cancel my membership, in advance, in writing. Dues are non-refundable. If elected to membership, I agree to abide by the bylaws of the organization.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Total Investment \$ \_\_\_\_\_  Check  Invoice  Credit Card

Name on Card \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_ CVC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Taxpayer I.D.# 38-0879125