



• Celebrating 27 Years • 1987-2015

• P.O. Box 643 • 117 N. Main St. • Woodsfield, OH 43793 •
• 740-472-5499 • www.monroecountyohiochamber.com •

Membership Application and Rate Schedule

Name (Business or Individual) _____

Address _____

Business Phone _____ Home Phone _____

Email _____ Web Site _____

Choose from the following schedule for your minimum rate: Any additional investment in Monroe County will be appreciated. Working together, we can make Monroe County a better place to work and live!

	NON-BUSINESS
_____ Individual	\$55
_____ Non-Profit	\$55 (with no paid employees)
_____ Non-Profit	\$110 (with paid employees)
Number of Employees	
_____ 0 (self-employed) – 1	\$55
_____ 2-5	\$110
_____ 6-11	\$165
_____ 12-75	\$192.50
_____ 76-200	\$330
_____ 201-499	\$550
_____ 500+	\$1,100

	UTILITIES, BANKS & CREDIT UNIONS
Number of Employees	
_____ 1-200	\$330
_____ 201-499	\$550
_____ 500+	\$1,100

* Two part-time employees equal one full-time employee. The above rates represent 12 months. All new membership will be pro-rated on a monthly basis.

Enclosed, please find my \$ _____ investment in Monroe County for Chamber of Commerce Membership Dues.

I, _____ do hereby apply for membership in the Monroe County Chamber of Commerce. I agree to abide by the by-laws as accepted by the majority of the membership. I agree to work toward the goals of the Chamber.

All membership fees are due with application and will be pro-rated to the date of application. Renewal notices will be mailed Nov. 1 each year, payable by Dec. 31.

MONROE COUNTY CHAMBER OF COMMERCE
P.O. BOX 643
117 N MAIN STREET
WOODSFIELD, OH 43793
740-472-5499

As a service to all members so the Monroe County Chamber of Commerce, we have a "Membership Directory" and you, also, appear on our web-site. Each member is listed in the category of their choice. Space has been reserved for the addition of in-coming members. During a regular newsletter mailing, new member's information is sent to be placed into the "additional" section of the directory. To be included in the directory, please complete and return this form at your earliest convenience. If you have joined as an individual, yet do own/operate a business, the listing will be in the category of "Individuals".

DIRECTORY INFORMATION

Name of Member _____
AND/OR (as it is to appear in directory)
Name of Business _____
(as it is to appear in directory)
Address _____
City _____ State _____ Zip _____
Phone (____) _____

Category I want my listing to appear under: (check only one)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Accommodations | <input type="checkbox"/> Education | <input type="checkbox"/> Industrial/Manufacturing | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Elected Officials | <input type="checkbox"/> Insurance | <input type="checkbox"/> Recreation/Travel |
| <input type="checkbox"/> Attorneys-At-Law | <input type="checkbox"/> Financial | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Rehabilitation Service |
| <input type="checkbox"/> Auto Sales/Services | <input type="checkbox"/> Florist | <input type="checkbox"/> Material/Supplier | <input type="checkbox"/> Retail Services |
| <input type="checkbox"/> Beauty Salons | <input type="checkbox"/> Framing | <input type="checkbox"/> Monuments | <input type="checkbox"/> Services |
| <input type="checkbox"/> Business/Government | <input type="checkbox"/> Funeral Homes | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Service Stations |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Gift Shops | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Service/Non Profit |
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Grocery/Food | <input type="checkbox"/> Pharmacies | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Churches | <input type="checkbox"/> Hardware | <input type="checkbox"/> Professionals | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Distributors | <input type="checkbox"/> Individuals | <input type="checkbox"/> Real Estate | |

In space below, please provide a brief description of your business as you would like it presented in the membership directory.

Form completed by: _____ Date _____
(signature)