

# Membership Application

## Member Listing

*This information for **BUSINESSES** will be published on the Chamber's website membership directory.*

Type of Membership:  Business  Individual      Date Joined the Chamber: \_\_\_\_\_

Name of Business/Individual: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Number of Employees (Full-Time): \_\_\_\_\_  
Full Time Equivalent (2 part-time = 1 full-time)

Website: \_\_\_\_\_ LinkedIn URL: \_\_\_\_\_

Facebook Username: @\_\_\_\_\_ Twitter Username: @\_\_\_\_\_

**Keywords or phrases that describe your business or organization:**

*"Where are you listed in the yellow pages?"*

\_\_\_\_\_  
\_\_\_\_\_

---

### CONTACT INFORMATION

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Billing Contact:  Primary Contact:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Billing Contact:  Primary Contact:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*(Please attach any additional contacts)*

Owner/CEO \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Billing Contact:  Primary Contact:

**I would prefer the Chamber contact my business primarily via:**

Drop In  Email  Phone  Mail  Make Appointment

Were you referred to us? Yes  No

If Yes, what's the name of the business or individual?  
\_\_\_\_\_

**Are you interested in participating in the iShop Local Union County program?**

Yes  No

### Volunteer Opportunities

**Would you be interested in expanding the exposure of your business by assisting in one of the Chambers' many events?**

Yes  No

---

### QUESTIONS

What can we help you with right away?

\_\_\_\_\_  
\_\_\_\_\_

You can also give us a call at **(937) 642-6279** or email us at **mallory@unioncounty.org**

## Annual Dues Structure

The **UNION COUNTY CHAMBER OF COMMERCE** has the responsibility of enhancing the economic, civic, and cultural growth of the area, and to act as a voice for the business community. These goals will be accomplished through the involvement and support, includ-

**Please return this completed application with payment to:**

Union County Chamber of Commerce  
227 East Fifth Street  
Marysville, Ohio 43040

**Fax:** (937)644-0422 **Email:** mallory@unioncounty.org

**You can apply online at:**

<http://unioncounty.chambermaster.com/member/newmemberapp/>

BASE RATES	CATEGORIES
<b>AGRI-BUSINESS / RETAIL / BUSINESS</b>	
\$165	1 - 10 employees (including owners)
\$315	11 - 30 employees (including owners)
\$600	31+ (including owners)
\$125	<b>FAMILY FARM</b> (non business)
\$100	<b>INDIVIDUALS</b> (non-business, retired individuals, elected officials)
<b>PROFESSIONAL SERVICES</b> (licensed or certified i.e.- accountants, attorneys, dentists, doctors, engineers, cosmetologists, realtors, etc.)	
\$185	1 - 10 employees
\$315	11 - 99 employees
\$600	100+ employees
<b>EDUCATION</b>	
\$500	K - 12
\$750	Post secondary / College
\$350	Satellite Campus
\$260	<b>GOVERNMENT</b> (City, State, County)
<b>MEDICAL &amp; NURSING FACILITIES/HEALTHCARE</b>	
\$185	1 - 10 employees
\$315	11 - 99 employees
\$500	100+ employees
<b>INDUSTRIAL &amp; MANUFACTURING</b>	
\$325	1 - 25 employees
\$425	26 - 50 employees
\$625	51 - 100 employees
\$1,500	100+ employees
\$165	<b>NON-PROFIT</b> (Churches and Charitable Organizations)
\$800	<b>FINANCIAL INSTITUTIONS</b>
\$1,000	<b>UTILITY</b>
Staff Quote	<b>MARYSVILLE ENTREPRENEURIAL CENTER PARTNERSHIPS</b>
Staff Quote	<b>MULTIPLE BUSINESSES</b>

\$