



MEMBER APPLICATION - 2009

Please mail or fax to: Worthington Area Chamber of Commerce

Kathryn Paugh, Executive Director
25 W. New England Ave., Worthington 43085
Phone 888-3040; Fax 841-4842
E-mail: kathryn@worthingtonchamber.org

Date _____

Name of Business _____

Street Address _____

City _____ ZIP _____

Phone (____) _____ Fax (____) _____ Web site _____

Company E-mail (will not be published): _____

Business Category 1 (free): _____

Optional Enhancements on Web Site Directory Listing:

Category 2 (\$25/year): _____ Category 3 (\$25/year): _____

Logo or Photo (link to Web site) \$25/year _____ Highlighted box \$25/year _____

Locator map \$25 year _____ Key word search \$25/year _____

INFORMATION FOR MEMBERSHIP DIRECTORY AND NEWSLETTER MAILING LIST

Contact Person 1 _____

Title/Position _____

Phone, if different from above _____ E-mail (will not be published) _____

Wish to receive newsletter and e-mail updates? [] Yes [] No

Contact Person 2 _____

Title/Position _____

Phone, if different from above _____ E-mail (will not be published) _____

Wish to receive e-mail updates? [] Yes [] No

BRIEF (NO MORE THAN 50-WORD) DESCRIPTION OF YOUR BUSINESS - FOR WEB SITE & NEWSLETTER

[] Please contact me about discounted insurance and worker's compensation programs offered through the Chamber. [] Please contact me about the CFBank dues reimbursement offer.

DUES STRUCTURE AND PAYMENT*

Full-time employees: _____ Part-time employees: _____
\$ _____ dues for your business with _____ total FTEs*
+\$ 25.00 one-time registration fee
+\$ _____ optional enhancements to listing
= \$ _____ your annual membership dues

MEMBERSHIP DUES STRUCTURE
Please circle appropriate dues level.
Business Membership for One Year
1-9 Employees \$175
10-15 Employees \$200
16-25 Employees \$235
26-50 Employees \$355
51-100 Employees \$475
Over 100 Employees \$575
Gold Sustaining \$1,500
Silver Sustaining \$1,000
Individual & Associate Memberships
(Name only listed in Membership Directory)
Individual Person \$99
Retired Business Person \$35
Community Organization

PAYMENT METHOD: [] Credit Card: [] MasterCard [] VISA [] AmEx [] Discover [] Payment Enclosed [] Please Invoice

Name on Credit Card: _____ Credit Card Billing Address: _____

Card Number: _____

Card Code:** _____ Card Expiration: _____ Signature: _____

** three-digit card identification code, typically found on reverse side of card on signature panel

Referred by: _____