



Step #1 - Your Expectations

MEMBERSHIP APPLICATION

Please complete the following information by indicating the top reason(s) why you are joining the Chamber. I would like my Chamber membership to:

- | | |
|---|--|
| <input type="checkbox"/> Increase Revenue | <input type="checkbox"/> Gain Access to Movers & Shakers in the Community |
| <input type="checkbox"/> Expand Networking Opportunities | <input type="checkbox"/> Give Back to the Community |
| <input type="checkbox"/> Raise Your Visibility | <input type="checkbox"/> Have a voice on Local, State & Federal Business Issues |
| <input type="checkbox"/> Create Cost-Effective Business Savings | <input type="checkbox"/> Improve the Current & Future Workforce in Van Wert County |
| <input type="checkbox"/> Enhance Credibility & Corporate Identity | <input type="checkbox"/> Be Featured in a Member Spotlight or Radio Commercial |

Step #2 - Membership Information

Company Name: _____

Key Contact Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Email: _____

Website URL: www. _____

Business Classification: _____
(Please list Primary Classification FIRST that is what you are listed under in printed directories, you may add 2 additional classes for the website)

Contact Preference (Check One): Email: _____ Fax: _____ Regular Mail: _____

Special Instructions: _____

Step #3 - Additional Information (if applicable)

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Billing Address: _____

City: _____ State: _____ Zip: _____

Step #4 - Tell Us More About You (Information below will be used only for internal purposes*)

What year was your business established ? _____ Are you a home-based business? Yes No

How many employees do you have including yourself (please report full-time equivalent): _____

Have you noticed Chamber advertising in/on: Newspaper Internet Newspaper Radio Other

Are you interested in being part of the decision making process for chamber events & activities?

YES, please contact me There is an alternate person at my company I would like you to contact regarding this opportunity. No

NAME: _____

TITLE: _____

PHONE: _____ EMAIL: _____

Is there anything else you'd like us to know? _____

(please see reverse side)



2009 Investment Schedule

- Individuals:** \$116 (Listed with name and home address - *no business affiliation given*)
- Utilities:** \$370 base + \$.04 per meter
- City/Village/Township Government:** \$123
- Non-Profit/Membership Organizations:** \$177
- Hotels/Motels/Bed & Breakfasts:** \$185 + \$2 per room available for lodging
- Home Based Business:** \$123 (*Business with **no employees** operated from owners home*)
- Banks/Savings & Loans:** \$799 + \$20 per employee over ten
- Finance Companies/Credit Unions:** \$308 base + \$20 per employee over ten
- Educational Institutions:** \$308
- Professional:** \$215 + \$2.50 per employee
(Includes accountants, attorneys, financial planners, funeral directors, insurance, medicine, real estate, stock brokers)



All other company types:

Employee Base	Annual Investment
1-2	\$197
3-5	\$207
6-10	\$228
11-15	\$246
16-19	\$264
20-29	\$277
30-39	\$338
40-49	\$399
50-74	\$492
75-99	\$554
100-199	\$614
200-299	\$768
300-499	\$1045
500-699	\$1352
700-899	\$1967
900-1099	\$2583
1100 and above	\$3074+ \$2.50 per employee over 1110

Your investment in the Van Wert Area Chamber of Commerce may be tax deductible as an ordinary and necessary business expense under the Omnibus Budget Reconciliation Act. Investments paid to the Chamber are not a charitable tax deduction for federal income tax purposes.

BASE INVESTMENT: \$ _____

CLASSIFICATION
INVESTMENT : (IF APPLICABLE) \$ _____

INITIAL PROCESSING FEE + \$20.00 _____

TOTAL INVESTMENT: \$ _____

MC/VISA #: _____

EXPIRATION DATE: _____

NAME ON CARD: _____

CHECK #: _____

SIGNATURE: _____

****SIGNATURE REQUIRED ON ALL APPLICATIONS****

BY SIGNING THIS FORM YOU ARE GRANTING THE VAN WERT AREA CHAMBER OF COMMERCE PERMISSION TO MAIL/FAX/E-MAIL YOU INFORMATION REGARDING THE ORGANIZATION