

# 2016 APPLICATION FOR MEMBERSHIP

The undersigned hereby makes application for membership in the Middleburg Heights Chamber of Commerce. Upon acceptance of this application it is signified that the applicant will abide by the bylaws, rules and regulations of this organization.

It is further understood that such membership shall continue until terminated by resignation or in accordance with the bylaws of the Middleburg Heights Chamber of Commerce.

**Company**

**Name:** \_\_\_\_\_

**Name of Individual:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Recommended by:** \_\_\_\_\_  **YES:** *Link my website site for an additional \$20 per year*

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Number of Employees:**  
**Full-Time** \_\_\_\_\_ **Part-Time** \_\_\_\_\_

**Business Directory Category Listing:** \_\_\_\_\_

**I want information on (check):** \_\_\_ *Health Care Program* \_\_\_ *Workers Compensation* \_\_\_ *CSSC Safety Council*

**MEMBERSHIP DUES:**

Membership dues are based on a "Fair Share Membership Scale" subject to the number of full time employees.

<b>Individual &amp; 1-25 Employees</b>	<b>\$ 180.00*</b>
<b>26 - 150</b>	<b>330.00*</b>
<b>151 +</b>	<b>480.00*</b>

Non-Business or Non-profit (501.c3) Memberships Available, contact the Chamber office at 440-243-5599

**Chamber Seal available for International Shipping** - Contact the Chamber office for details.

**My Fair Share Membership Dues are:** \$ \_\_\_\_\_ + **Website** \_\_\_\_\_ **Shipping Seal** \_\_\_\_\_ **Amount enclosed** \_\_\_\_\_

Payment by Credit Card or make your check payable to:  
**MIDDLEBURG HEIGHTS CHAMBER OF COMMERCE**  
**P.O.BOX 30161, Middleburg Hts., Ohio 44130**  
**440-243-5599 fax 440-243-8660**

*\*for one year membership, membership based on calendar year.*

**Master Card**     **Visa**     **American Express**     **Discover**

**Card #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **CVV code on back of card** \_\_\_\_\_  
**Card Holder** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_  
**Card billing address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_