

Serving Evendale Businesses since 1954 • Member of Southern Ohio Chamber Alliance (SOCA) & Regional Commerce Partnership (RCP)

Membership Application

Individual or Organization Name _____

of Employees _____

Organizational Representative _____ Title _____

Alternative Leadership Contact _____ Title _____

Address _____

Telephone _____ Fax _____

**Email _____

Email addresses are necessary for communication purposes and will not be shared unless authorized

Organizational Website Address _____

Type of Organization _____

Brief Profile of Organization _____

Evendale Chamber of Commerce 2018 Membership	Name : _____	1 x \$150.00	\$150.00
Additional Representative(s)	Name: _____ _____	___ x \$75.00	_____
TOTAL PAID			\$ _____

Make check payable to: Evendale Chamber of Commerce
P.O. Box 62839, Evendale, OH 45262

OPTION: You can pay your dues by credit card www.evendalechamber.com and click on the Membership tab & Membership Application

If you wish to have additional representatives added to the email/mailling list, please provide their information.