

MEMBERSHIP APPLICATION

Date: _____

Type of Membership: ___ Individual ___ Company ___ Association ___ Municipality

Individual or Organization Name _____

of Employees _____

Organizational Representative _____ Title _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ **Email _____

Alternative Leadership Contact _____ Title _____

Telephone _____ Fax _____ **Email _____

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

Organization Website Address _____

Type of Organization _____

Brief Profile of Organization _____

Annual Membership Investment:

Individual or Organization: \$150.00

Each Additional Organization's Representative: \$75.00

Additional Representative's Name and Title: _____

Telephone _____ Fax _____ **Email _____

Amount of Check: _____ make check payable to: Evendale Chamber of Commerce
PO Box 62839
Evendale, OH 45262

Credit cards are accepted online at evendalechamber.com

 Please contact me about serving on a Chamber committee:

email: _____ phone#: _____