

Membership Application



GALION-CRESTLINE AREA CHAMBER OF COMMERCE

Please begin my Membership in the
GALION-CRESTLINE AREA CHAMBER OF COMMERCE

1) Banks and Savings Institutions

\$200 Base
plus \$25 per million

2) Professional, Real Estate and Insurance

\$200 base
plus \$30 each partner or associate
plus \$4 per employee

3) Retail, Services, Social Clubs and Other

\$200 base
plus \$4 per employee

4) Industry

100 or less employees - \$200 base plus 4 per employee
Over 100 employees - \$575 base plus \$3 per employee

5) Utilities

Negotiated

6) Non-Profit Organizations

With Under 25 Local Employees
\$125

7) Individuals + Couples (Non-Voting Members)

\$75

Business Name _____ Date _____

Contact Person _____ Signature _____

Street Address _____ Mailing Address (P O Box) _____

City/State/Zip _____ Website _____

Category _____ No. of Employees _____ Payment Enclosed _____ Bill Me _____

We prefer to send electronic invoices. Please indicate if you would like to receive paper or electronic invoices below:
Paper Invoice: _____ Electronic Invoice: _____ Email for Electronic: _____

Business Type for Listing on Membership Directory Online (ex. Accountant, Financial Institution, Landscaping, Retail, Restaurant, etc.) May List Up to Three to Best Describe Your Business or Organization.

1. _____ 2. _____ 3. _____

I understand that membership in the Galion-Crestline Area Chamber of Commerce constitutes my expressed invitation or permission for the Chamber to transmit by telephone facsimile machine to the number(s) I have provided above, e-mail or written materials, including but not limited to those relating to property, goods, services, events, meetings, or notices, and the availability thereof. I also understand that these will be published in the Chambers membership directories, **excluding** those I have checked below.

Telephone: _____ Email: _____

Signed: _____ Title: _____

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