

Application For Membership



Today's Date: _____

Company/Organization/Individual Name: _____

Primary Contact: _____ Email: _____

Physical Address: _____ City: _____

State: _____ Zip Code: _____ Primary Phone: _____

Fax: _____ Website: _____

Billing Address: (If different than physical address) _____

City: _____ State: _____ Zip Code: _____

Billing Contact: _____ Email: _____

Please list a person at your business to be the contact regarding Chamber special events, promotional & networking opportunities, advertising specials or event & program sponsorships. It may or may not be the same as the primary or billing contact.

Marketing Contact: _____

Email: _____ Phone: _____

Primary Business Type: _____ Number of FT Employees: _____

Number of PT Employees: _____ Annual Dues Investment (See schedule below) \$ _____

Please invoice me: _____ Annually _____ Semi-Annually

Payment Method: _____ Check _____ Credit Card Name on card: _____

Card Number: _____ Exp. Date: _____ CVS Code: _____

Signature: _____

Membership Sponsor: (Optional) _____

Fair Share Dues Investment Schedule

2 Part-time employees = 1 Full Time

Number of Employees	Annual Dues Investment
1-5	\$250.00
6-20	\$310.00
21-35	\$365.00
36-55	\$440.00
56-75	\$515.00
76-95	\$600.00
96+	\$695.00 + \$1 Per Each Add'l Employee

Other Investment Categories

Individual Investor	\$175.00
Non-Profit Organization	\$175.00
Direct Sales Investor	\$200.00
Multi Business Investor	\$1200.00
Multiple Business Discount:	
First Business – full price*	
Second Business – 20% off*	
Third Business – 15% off*	

* based on Fair Share dues schedule

Please make check payable to: The Jefferson County Chamber of Commerce.

Mail to: 630 Market Street, Steubenville, OH 43952

Email to janet@jeffersoncountychamber.com

Join online at www.jeffersoncountychamber.com.

For Office Use Only

Date Received: _____ Payment: _____ Entered By: _____ Sold/Referred by: _____

Business Category Assigned : _____