

ANNUAL DUES STRUCTURE

PLEASE RETURN COMPLETED APPLICATION WITH PAYMENT TO:

Union County Chamber of Commerce
227 East Fifth Street
Marysville, Ohio 43040

EMAIL:
mallory@unioncounty.org

APPLY ONLINE:
unioncounty.chambermaster.com/member/newmemberapp/

BASE RATES	BUSINESS CATEGORIES
AGRI-BUSINESS/RETAIL/BUSINESS	
\$165	1 - 10 Employees (Including Owners)
\$315	11 - 30 Employees (Including Owners)
\$600	31+ (Including Owners)
\$125	FAMILY FARM (Non-business)
\$100	INDIVIDUALS (Non-business, Retired Individuals, Elected Officials)
PROFESSIONAL SERVICES (Licensed or certified i.e. - accountants, attorneys, dentists, doctors, engineers, cosmetologists, realtors, etc.)	
\$185	1 - 10 Employees
\$315	11 - 99 Employees
\$600	100+ Employees
EDUCATION	
\$500	K - 12
\$750	Post Secondary/College
\$350	Satellite Campus
\$260	GOVERNMENT (City, State, County)
MEDICAL & NURSING FACILITIES/HEALTHCARE	
\$185	1 - 10 Employees
\$315	11 - 99 Employees
\$500	100+ Employees
INDUSTRIAL & MANUFACTURING	
\$325	1 - 25 Employees
\$425	26 - 50 Employees
\$625	51 - 100 Employees
\$1,500	100+ Employees
\$165	NON-PROFIT (Churches and Charitable Organizations)
\$800	FINANCIAL INSTITUTIONS
\$1,000	UTILITY
STAFF QUOTE	MARYSVILLE ENTREPRENEURIAL CENTER PARTNERSHIP
STAFF QUOTE	MULTIPLE BUSINESSES

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MEMBERSHIP APPLICATION

This information for **BUSINESSES** will be published on the Chamber's website membership directory

COMPANY PROFILE INFORMATION

TYPE OF MEMBERSHIP: Business Individual DATE JOINED: _____
EMPLOYEES: _____ FT _____ PT
BUSINESS/INDIVIDUAL NAME

PHYSICAL ADDRESS CITY STATE ZIP

BUSINESS PHONE WEBSITE

FACEBOOK URL LINKEDIN URL TWITTER URL

DIRECTORY CATEGORIES: _____

WERE YOU REFERRED TO US? Yes No

IF YES, WHAT'S THE NAME OF THE BUSINESS/INDIVIDUAL: _____

PRIMARY REASON FOR JOINING THE CHAMBER:

- Visibility in the community
- Networking opportunity
- Economic development
- Tourism promotion
- Benefits

I'M INTERESTED IN THE FOLLOWING:

- Volunteering on a committee
- Sponsorship opportunities
- Ribbon cutting
- Participating in business association meetings
- Opportunities to promote & market

OWNER/CEO INFORMATION

OWNER/CEO'S NAME TITLE

PHONE EMAIL

BILLING REP INFORMATION

CONTACT NAME TITLE

PHONE EMAIL

MAILING ADDRESS CITY STATE ZIP

PRIMARY REP INFORMATION SAME AS ABOVE

CONTACT NAME TITLE

PHONE EMAIL