

## APPLICATION FOR MEMBERSHIP—Revised Sept. 2018

The undersigned hereby make application for membership in the Nordonia Hills Chamber of Commerce. Upon Board approval of this application, it is assigned that the applicant will abide by the bylaws, rules and regulations of this organization. It is further understood that such membership shall continue until terminated by resignation or in accordance with the bylaws of the Nordonia Hills Chamber of Commerce.

Company Name:		Contact Person:	
Address:		City:	Zip Code:
Phone Number:		Fax Number:	
Number of Employees: Full-Time	Part-Time	Year Established:	
E-Mail:		Website:	
Twitter Handle:		FaceBook Fan Page:	Blog URL:
Business Category/Classification:		Referred By:	

### ANNUAL MEMBERSHIP INVESTMENTS

**Membership Investments are based on a "Fair Share Membership Scale" subject to the number of full time employees.**

# of Employees**	NEW	RENEWAL*		NEW	RENEWAL*
Self-Employed	\$270.00	\$235.00	Associate Membership (Individual listing for employees of member business)	\$165.00	\$130.00
1 - 5	\$270.00	\$235.00	Multi-Business Membership (for each additional business)	\$165.00	\$130.00
6 - 10	\$330.00	\$295.00	Non-Profit Organization (with budgets < \$500K)	\$165.00	\$130.00
11 - 15	\$400.00	\$365.00	Resident Membership	\$140.00	\$105.00
16 - 35	\$435.00	\$400.00	Utilities	\$455.00	\$420.00
36 - 50	\$475.00	\$440.00	Government Agency	\$245.00	\$210.00
51 - 100	\$645.00	\$610.00			
100 - 250	\$855.00	\$820.00			
251 - 500	\$1170.00	\$1135.00			
501+	\$1715.00	\$1680.00			

*Any membership that is more than 90 days past due will pay the New Member rate to be reinstated as a Member.*  
**\*\* Two part-time employees are equal to one full-time employee.**

**PLEASE MAKE CHECK PAYABLE TO: NORDONIA HILLS CHAMBER OF COMMERCE – P.O. Box 670034, NORTHFIELD, OH 44067**

#### CREDIT CARD PAYMENT FORM

Name on Card: \_\_\_\_\_

Email address: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card ID Number: \_\_\_\_\_

Billing Address (Required): \_\_\_\_\_

#### CODE OF ETHICS

I agree that as a condition of membership in the Nordonia Hills Chamber of Commerce, I will conduct my business in a manner that is ethical, fair and honest in all my dealings with my customers, vendors, associates, employees and fellow Chamber business.

I understand that membership in NHCOC constitutes my express invitation/permission for the Chamber to publish the following: Telephone & Fax Number, E-Mail, Web Site, Mailing Address, Street Address.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### PLEASE SIGN ME UP FOR THE FOLLOWING:

- |   |       |                          |
|---|-------|--------------------------|
| Director's Circle                       | \$150 | <input type="checkbox"/> |
| Annual Meeting Package                  | \$150 | <input type="checkbox"/> |
| Chamber Meeting Sponsorship             | \$160 | <input type="checkbox"/> |
| Digital Member Directory (Free updates) | \$100 | <input type="checkbox"/> |
| Women in Business Group                 | \$ 50 | <input type="checkbox"/> |
| Business-to-Business Mailing Labels     | \$ 25 | <input type="checkbox"/> |
| After 5 Business Showcase Kit           | \$ 50 | <input type="checkbox"/> |

**TOTAL** \_\_\_\_\_

#### I AM INTERESTED IN THESE COMMITTEES:

- |                        |                          |
|------------------------|--------------------------|
| Membership Recruitment | <input type="checkbox"/> |
| Membership Retention   | <input type="checkbox"/> |
| Program                | <input type="checkbox"/> |
| Community Expo         | <input type="checkbox"/> |
| Marketing/Publicity    | <input type="checkbox"/> |
| Golf Outing            | <input type="checkbox"/> |
| Holiday Party          | <input type="checkbox"/> |
| Chili Cook-Off         | <input type="checkbox"/> |

**PLEASE HAVE THE CHAIRPERSON CONTACT ME.**