

Application for Membership



Application Date _____
 Legal Corporate Name _____
 Business Name _____
 Mr./Mrs./Ms./Other (circle) First Name _____
 Last Name _____
 Mailing Address _____
 City _____
 State _____ Zip+4 _____
 Phone () _____
 Fax () _____
 Website _____
 E-Mail _____

Number of Employees	Annual Dues
1 - 5	160.00
6 - 10	170.00
11 - 25	215.00
26 - 50	235.00
51 - 100	300.00
100+	400.00

Utilities, Banks,
 Government Entities 300.00

Civic Member: 70.00

Person employed by an organization which is non-corporate, non-business who may wish to support the chamber's activities

(A one-time set-up fee of \$50.00 is assessed to new members.)

* 50% discount on dues for additional businesses signed up after the first.

Billing Contact (if different) _____
 Billing Address (if different location) _____
 City _____ State _____ Zip+4 _____
 Phone () _____ Fax () _____

Type of Business _____
 Company Description (limit 200 characters) _____

of full-time employees _____ # part-time employees _____

Reason Joined _____

Do you know of another company that can benefit from Chamber? Yes No

If yes, please give name of business _____

I would like information on:

- ChamberCare Health Insurance-Anthem
- Workers Compensation Group Rating
- Safety Council
- Use of Bulk Mailing Permit
- Advertising Opportunitites
- FUEL- Young Professionals Group
- Lake Kids Biz- Marketing to Children and Families

Referred by (name or business) _____

Membership in the Willoughby Area of Commerce constitutes express permission for the Chamber to transmit by facsimile machine to the members provided through Email or written materials including, but not limited to those relating to goods, services, meetings or notices thereof. The signature below indicates understanding of the above and request for membership.

Applicant signature _____ Date _____

Investment	\$ _____
Set Up Fee (one time charge)	\$ 50.00
Optional one-time hyperlink fee \$25.00	\$ _____
Total Investment	\$ _____

Check enclosed (payable to WACC)
 VISA
 Mastercard

Card Number _____
 Exp. Date _____ Sec. Code _____
 Billing Zip Code _____
 Card Holder's Signature _____

In compliance with federal law, your dues may be deductible as a business expense, check with your tax advisor.

Mail or fax with payment to:



Willoughby Area Chamber of Commerce
 28 Public Square
 Willoughby, OH 44094
 (440) 942-1632 Fax (440) 942-0586
 www.willoughbyareachamber.com