



LOUISVILLE OHIO CHAMBER OF COMMERCE  
 PO BOX 67, Louisville, OH 44641  
 330-875-7371  
 Email: louisvilleohchamber@gmail.com  
 Website: louisvilleohchamber.org

**MEMBERSHIP APPLICATION**

Company Name: \_\_\_\_\_

Type of Business (check no more than 3, rate in order of importance 1-3)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Advertising & Media                   | <input type="checkbox"/> Agriculture, Fishing & Forestry        | <input type="checkbox"/> Arts, Culture & Entertainment  |
| <input type="checkbox"/> Automotive & Marine                   | <input type="checkbox"/> Business & Professional Services       | <input type="checkbox"/> Computers & Telecommunications |
| <input type="checkbox"/> Construction Equipment & Contractors  | <input type="checkbox"/> Family, Community & Civic Organization | <input type="checkbox"/> Finance & Insurance            |
| <input type="checkbox"/> Government, Education & Individuals   | <input type="checkbox"/> Health Care                            | <input type="checkbox"/> Home & Garden                  |
| <input type="checkbox"/> Industrial Supplies & Services        | <input type="checkbox"/> Legal                                  | <input type="checkbox"/> Lodging & Travel               |
| <input type="checkbox"/> Manufacturing, Production & Wholesale | <input type="checkbox"/> Personal Services & Care               | <input type="checkbox"/> Pets & Veterinary              |
| <input type="checkbox"/> Public Utilities & Environment        | <input type="checkbox"/> Real Estate, Moving & Storage          | <input type="checkbox"/> Religious Organization         |
| <input type="checkbox"/> Restaurants, Food & Beverage          | <input type="checkbox"/> Shopping & Specialty Retail            | <input type="checkbox"/> Sports & Recreation            |
| <input type="checkbox"/> Transportation                        |   |   |

Name of Voting Representative (Contact Person): \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email address (Contact person): \_\_\_\_\_

Website URL: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ (full time=1FTE, 2 part-time=1FTE)

Yearly Investor Fee Schedule (check one):

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Employee/Home Based Business.....\$135.00 | <input type="checkbox"/> 1-6 FTE Employees..... \$165.00        |
| <input type="checkbox"/> 7-15 FTE Employees.....\$240.00             | <input type="checkbox"/> 16-49 FTE Employees..... \$275.00      |
| <input type="checkbox"/> 50+ FTE Employees.....\$400.00              | <input type="checkbox"/> Retiree/No business.....\$ 75.00       |
| <input type="checkbox"/> Small Non-Profit Business.....\$165.00      | <input type="checkbox"/> Large Non-Profit Business.....\$300.00 |

Name and title of Authorized individual to sign form: \_\_\_\_\_

Company Description (max 100 words): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Form of Payment:  Cash  Check  Credit Card-Number \_\_\_\_\_ CVV# \_\_\_\_\_

Expiration date: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

**Or paid on-line** \_\_\_\_\_