



Membership Application

Louisville Area Chamber of Commerce

PO Box 67 Louisville OH 44641

Email: louisvilleohchamber@gmail.com

Website: www.louisvilleohchamber.org

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: _____