

### APPLICATION FOR MEMBERSHIP

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:

Title:

Address:

City:

Zip Code:

Phone Number:

Fax Number:

E-Mail:

Website:

Birthday (for celebration purposes only):

Number of Employees: Full-Time

Part-Time

Business Category/Classification:

Year Established:

Recommended By:

### ANNUAL MEMBERSHIP INVESTMENTS

Membership Investments are based on a "Fair Share Membership Scale" subject to the number of full time employees. All rates are for a one-year period.

# of Employees**	*NEW	*RENEWAL
1 - 5	\$210.00	\$175.00
6 - 15	\$310.00	\$275.00
16 - 35	\$335.00	\$300.00
36 - 50	\$360.00	\$325.00
51 - 100	\$485.00	\$450.00

\*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 for membership investment purposes

Rates for larger employers, Special Memberships & Associate Memberships are available.

### 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 or permission for the Chamber to transmit by telephone facsimile machine to the number(s) provided above, e-mail or written materials, including but not limited to those relating to property, goods, services, events, meetings or notices and the availability thereof. I also understand that these will be published in the Chamber's membership directories, **excluding** those checked in the following boxes.

Telephone Number

Fax Number

E-Mail Address

Mailing Address

Signature

Date

PLEASE MAKE CHECK PAYABLE TO: NORDONIA HILLS CHAMBER OF COMMERCE – P.O. BOX 34, NORTHFIELD, OH 44067

### CREDIT CARD PAYMENT FORM

Name on Card:

Type of Card:

Card #:

Expiration Date:

Card ID Number (4 digits for Am. Ex., 3 digits for all others):

Billing Address:

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Contact Person:	Title:
Address:	
City:	Zip Code:
Phone Number:	Fax Number:
E-Mail:	Website:
Birthday (for celebration purposes only):	
Number of Employees: Full-Time	Part-Time
Business Category/Classification:	
Recommended By:	

**ANNUAL MEMBERSHIP INVESTMENTS**

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Type of Membership	*NEW	*RENEWAL	
<b>Associate Membership</b> (Individual listing for employee of NHCOC member business)	<b>\$135.00</b>	<b>\$100.00</b>	
<b>Government Agency</b>	<b>\$185.00</b>	<b>\$150.00</b>	
<b>Multi-Business Membership</b> (for each additional business)	<b>\$135.00</b>	<b>\$100.00</b>	*Any membership that is more than 90 days past due will pay the New Member rate to be reinstated as a Member.
<b>Non-Profit Organization</b> (not-for-profits with budgets < \$500K)	<b>\$135.00</b>	<b>\$100.00</b>	
<b>Resident Membership</b>	<b>\$110.00</b>	<b>\$75.00</b>	

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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**CREDIT CARD PAYMENT FORM**

Name on Card:	Type of Card:
Card #:	
Expiration Date:	Card ID Number (3 – 4 digit number on back):
Billing Address:	