



NORTH CANTON AREA CHAMBER OF COMMERCE
121 S MAIN STREET
NORTH CANTON OH 44720
PHONE: (330) 499-5100 FAX: (330) 499-7181
E-MAIL: info@northcantonchamber.org
WEBSITE: www.northcantonchamber.org

BUSINESS MEMBERSHIP APPLICATION

Date _____ secured by Chamber office _____ Chamber Rep _____

Name of Firm or Profession _____

Business Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax: _____ Website _____

Contact Name (will be listed in Roster Book and mailings will be sent to) _____

Title/ Position _____ Phone if different from above _____

E-Mail Address: _____ Business is Local Regional National International

Company/Organization Years in Business _____ Number of Employees _____

**It is understood that membership in the North Canton Area Chamber of Commerce constitutes express invitation or permission for the transmission by telephone facsimile machine of written materials, including but not limited to those relating to property, goods, services, events, meetings or notices, and the availability thereof. If you do not wish to publish e-mail and/or fax number, please omit.*

Business Bio _____

Please provide a short biography of your business/organization. ↑
 This information will be used to introduce your company in the chamber e-newsletter. (If more space is needed, use reverse side of this page.)

INVESTMENT DUES STRUCTURE AND PAYMENT

*Calculate dues using fee structure at right. Dues structure is based on Number of full-time equivalent (FTE) employees; 2 part-time= 1 full-time employee. Enjoy 15% discount on second year for two-year membership paid now. Does not apply to Ind. Or non-profit (See Chart)

Full-time employees: _____ Part-Time Employees _____

\$ _____ Dues for your business with _____ total FTE's*

= \$ _____ your membership investment dues.

Membership Investment Structure		
Please circle appropriate dues (investment) level.		
	One Year Standard Fee	Two Year Discount Price (2 Year payment)
Business Membership		
1-9 Employees	\$150	\$280
10-25 Employees	\$200	\$380
26-100 Employees	\$250	\$480
Over 100 Employees	\$375	\$730
Individual Membership		
Individual Person	\$100	
<i>(Name only. No business listed in Membership Directory)</i>		
Associate Member - Secondary person to receive mail \$90 (Business must already be a paid member with one contact)		
Non-Profit Organization.	\$100	

Form of payment: Cash Check Visa _____

For Credit Card Use - Cardholder Signature _____

Credit Card No# _____ Expire Date _____ / _____

CVV # (3digit number on back of card) _____

Dues are not deductible as a A Charitable Contribution for Income Tax purposes. Dues may be considered ordinary and necessary business deductions.

Office use: CC Authorization Number _____	Date _____	Amount Charged \$ _____
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