



2020 Chamber Membership Application

Business/Organization Name:

Primary Representative: _____ Title _____

Physical Address _____ City _____ State ____ Zip _____

Mailing Address (if different) _____ City _____ State ____ Zip _____

Business Phone: _____ Extension _____

Mobile Phone: _____ Text Notifications: Yes No

Primary Representative E-mail _____

Please list others you would like on the Chamber e-mail list for event notifications:

Website: _____ Facebook: _____

Chamber Membership Classification: (Please see attached rate sheet) _____

Year of incorporation/opening _____ (Used to salute service anniversaries at Chamber Annual Fall Dinner)

Referred by (List referring Chamber member's name): _____

2020 Chamber Membership Dues (per classification/rate sheet): \$ _____
2020 Monthly Chamber Luncheons (Feb. – Dec.) - \$10ea. (\$110.00 / person) _____ person(s)
2020 Sponsorship Opportunity Level _____ Amount \$ _____
Total Amount: \$ _____ Enclosed _____ Please invoice me _____

Please make checks out to *Morrow County Chamber of Commerce* – Thank you!

Morrow County Chamber of Commerce & Visitor's Bureau
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