



2021 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): _____

2021 Chamber Membership Dues (per classification/rate sheet): \$ _____

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
PO Box 174, Mount Gilead, Ohio 43338
membership@morrowchamber.com • (419) 946-2821