

49 Public Square
Brecksville, OH 44141
Web Site: www.Brecksvillechamber.com
chamber@brecksvillechamber.com

BRECKSVILLE CHAMBER OF COMMERCE
A Community of the Western Reserve

Phone; 440-526-7350
Fax: 440-526-7889
E-Mail:



Company/Business Name: _____

Contact Name: _____

Business Address: _____/City: _____/Zip: _____

Business Phone: _____ Business Fax:: _____

Email Address: _____ Website Address: _____

Please briefly describe your company: _____

What benefits do you want to add for members to use your business? _____

Number of full time employees: _____ Date Established: _____

What are your expectations of your chamber membership: _____

Who do you know who would like to be a member: _____

Advantages of Membership:

- | | | |
|---------------------------------|----------------------------|----------------------------|
| Monthly networking | Discounted COSE membership | Discounted Office Supplies |
| Home Days Advertising | Marketing Opportunities | Discount Workers comp |
| Your Business at an After Hours | Discounts on shipping | NOACC health ins. savings |

I am applying for membership as:

- Individual or Small Business (under 3 employees) (non-profit \$75.00) \$150.00 10 monthly meetings included \$200
- Business Membership (3-99 employees) \$200.00 10 monthly meeting included \$250
- Corporate Membership (100+ employees) \$300.00 10 monthly meetings included \$350

A check in the amount of \$_____ for annual dues accompanies this application. (Please make checks payable to the Brecksville Chamber of Commerce)

I hereby make application for membership in the Brecksville Chamber of Commerce, Inc., subject to its By-Laws, Rules and Regulations.

Signature of Applicant _____ Date _____

Email addresses or fax numbers are never sold. Membership address lists may be sold to other Members and your business address will appear on the lists. If you do not want your contact information to appear on the Membership list, please check here.