



Membership Application

COMPANY NAME _____

APPLICANT'S NAME: _____ TITLE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

WEBSITE: _____

DESCRIPTION OF PRODUCT/ SERVICES:

COMPANY CONTACT PERSON(S):

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

Please check the appropriate category:

- _____ 1-10 FULL TIME EMPLOYEES.....\$175.00
- _____ 11-25 FULL TIME EMPLOYEES.....\$250.00
- _____ 26-99 FULL TIME EMPLOYEES.....\$350.00
- _____ 100-299 FULL TIME EMPLOYEES.....\$475.00
- _____ 300-499 FULL TIME EMPLOYEES..... \$600.00
- _____ 500+ FULL TIME EMPLOYEES.....\$750.00

NUMBER OF EMPLOYEES: _____ YEARS IN BUSINESS: _____

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INDIVIDUAL MEMBERSHIP (*Residents*).....\$50.00

RESIDENT NAME & ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**  
**Southeast Region Chamber Of Commerce**  
**33 South Park Street, Bedford OH 44146 | 440-232-0115**