



MACC Membership Application 2021

Number of Full Time Employees _____
(2 pt time = 1 full time)

Membership Investment Rates

Citizen/Civic/Non-Profit Rate \$ 210

For Profit Rates (# of Employees)

1	\$ 220
2-5	\$ 240
6-10	\$ 290
11-20	\$ 350
21-50	\$ 480
51-75	\$ 570
76-100	\$ 680
101-150	\$ 840
151-200	\$ 1010
201-250	\$ 1230
251-300	\$ 1530
301-350	\$ 1910
351-400	\$ 2410
401 & Over	\$ 3170

Membership Investment \$ _____

One Time Processing Fee \$ 35

Total Cost of Membership \$ _____

Authorized Signature _____ Date _____

Check payable to Mentor Area Chamber of Commerce is attached

Please Charge My Card:



Name as it Appears on Card _____

Credit Card Number _____

Exp Date _____ CSC Code (on back) _____

Payment must accompany application form for processing.

(Please Print)

Name of Firm _____

Main Representative _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____

Email _____

Business Category (see enclosed listing) _____

Company Website _____

Linked In _____

Facebook _____

***If you would like to add additional representatives to your a/c, please list their name, email address and title below:*

Add'l Rep Name _____ Email _____ Title _____

Please let us know the reason(s) you are joining the chamber:

- Business Promotion (advertising, sponsorships)
- Credibility in Community (backing of the chamber to gain trust with customers)
- Ongoing Training & Education (speakers, newsletters, etc.)
- Programs & Events (monthly meetings, Coffee Contacts, Business After Hours, etc.)
- Relationship Building (networking, getting to know others)
- Savings on Various Programs
- Other (Please list) _____

Chamber membership is tax deductible as a legitimate business expense. The Chamber is classified as a 501 (c) (6) business association.

Referral Program/REFERRED BY: Name _____ Company _____