MACC Membership Application 2023

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** _____