

MACC Membership Application 2024

(2 pt time = 1 full time)	(Please Print)		
Membership Investment Rates	Name of Firm		
Citizen/Civic/Non-Profit Rate \$ 210			
	Main Representative		Title
For Profit Rates (# of Employees)			
1 \$ 220 2-5 \$ 240	Mailing Address		
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* * *			
¥ • • •	City	State	Zip
*			
51-75 \$ 570	D ' D1		
76-100 \$ 680	Business Phone		
101-150 \$ 840			
151-200 \$ 1010	Email		
201-250 \$ 1230	Email		
251-300 \$ 1530			
301-350 \$ 1910			
351-400 \$ 2410	Business Category (see	e enclosed listing)	
401 & Over \$ 3170		σ,	
Membership Investment \$	Company Website		
One Time Processing Fee \$35	Linked In		
Total Cost of Membership \$	Facebook		
		d additional representat	ives to your a/c, please list
Authorized Signature Date	their nat	me, email address and ti	tle below:
	Add'l Rep Name	Email	Title
☐ Check payable to Mentor Area Chamber of Commerce is attached			
☐ Please Charge My Card:	Please let us know the reason(s) you are joining the chamber:		
	☐ Business Promotion (advertising, sponsorships)		
Name as it Appears on Card	☐ Credibility in Community (backing of the chamber to gain trust with customers)		
	☐ Ongoing Training & Education (speakers, newsletters, etc.)		
Credit Card Number	☐ Programs & Events (monthly meetings, Coffee Contacts, Business After Hours, etc.)		
	☐ Relationship Building (networking, getting to know others)		
Exp Date CSC Code (on back)	☐ Savings on Various Programs		
Payment must accompany application form for processing.	Other (Please list)		
	Chamber membership is tax Chamber is classified as a 50	deductible as a legitimat 01 (c) (6) business associa	e business expense. The tion.

Referral Program/REFERRED BY: Name_____