SOUTH METRO REGIONAL CHAMBER OF COMMERCE
NEW MEMBERSHIP APPLICATION
332 Congress Park Dr., Suite B, Dayton, OH 45459br
(937) 433-2032  (937) 433-6881 (fax)  web page: www.smrcoc.org
Federal Tax ID#31-0935785

MISSION STATEMENT: We advocate for business and serve members’ needs
to assure economic vitality in our region.

MEMBERSHIP:
One main address and contact name will be listed in the annual Membership Directory, and will
be eligible to hold office, receive mail and benefits. Membership dues are based on total number
of employees at that address. Memberships for additional locations with the same company name
may be purchased, and then will receive the same benefits as outlined above.

ANNUAL MEMBERSHIP DUES (based upon number of employees at your location; some exceptions
may apply):

- 1-5 $250
- 6-25 $325
- 26-75 $350
- 76-150 $485
- 151-300 $625
- 301-400 $775
- 400+ $1,200

*Please report #__________ over 30 hours employees
#__________ 20 – 30 hours employees
#__________ under 20 hours employees

Corporate Name
dba: doing business as (will appear in Directory as listed here)

Contact (first name)  (last name)  (title)

Address
City
State
Zip

Phone
Fax
Ee-mail

Business Category (see reverse)
Business Description (up to 30 characters)

PAYMENT: Annual membership investment enclosed: $__________ + $50 (initial enrollment
fee) = $__________ for ________ employees.
(Number)

OPTIONAL ENDOWMENT: I have included a contribution of $__________ to be used for the
advocacy of economic development in our region.
- Check enclosed
- Credit card (MasterCard, Visa, and American Express only) disposal by Cintas Document
Management

(Credit card number)  (Expiration date)  3 digit (CVV)  (Signature)
Thank you for supporting your fellow business partners and the South Metro Regional Chamber of Commerce in one voice for economic health, workforce development and dynamic progress! Your business success is very important to us.
Our outstanding events are provided by our supporting cities and townships

*Your application will be presented to the Board of Directors at the next monthly board meeting (4th Thursday of each month).*

A ruling being issued by the Federal Communications Commission states that our Chamber cannot contact you by fax or e-mail without your prior written authorization. I understand that by providing the above information, I consent to receive communications at the e-mail and street addresses as well as the phone and fax numbers provided. Thank you.

(Company)

(Signature of person authorized to provide such consent)

**BUSINESS CATEGORIES**

*Please indicate your classified category on the reverse side of this application. Then add an appropriate business description up to 30 letters and spaces.*

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