

# MEMBERSHIP APPLICATION



## Key Information

\*Company Name

\*Address

\*City

\*State

\*Zip Code

## Company Information

\*Industry

\*Number of Employees

Website Address

Year Established

Gross Revenue

## Membership Investment (Based on Number of Employees)

2-10 / \$250

11-20 / \$500

21-50 / \$750

## Contact Information

\*Salutation

\*Primary Contact

\*Title

\*Phone

\*Email

Address (If Different From Above)

Social Media Handles

## EXCLUSIVES

One of the most common issues we hear from our members is shrinking profit margins. We constantly look for new ways to help our members save thousands of dollars annually.

In addition to the Ohio Chamber Health Benefit Program, I am interested in the following programs:

Dental / Other Insurance Programs

HR Academy

Worker's Compensation Group Rating Program

Credit Card Processing / Corporate Card Programs

Public Policy Committees