

BROKER/AGENT APPLICATION

Key Information

*Company Name

*Address

*City

*State

*Zip Code

Company Information

*Industry

Website Address

Membership Investment

Broker/Agent Membership
\$500

Chamber Partner
\$1,000

Contact Information

*Salutation

*Primary Contact

*Title

*Phone

*Email

Address (If Different From Above)

Social Media Handles



MEMBERSHIP OFFERS

\$500 Broker/Agent Membership -

- Authorized to offer and sell the Ohio Chamber Health Benefit Program
- Access to the Ohio Chamber government affairs team
- Member exclusive programs & discounts
- Mention as new member on social media platforms

\$1,000 Chamber Partner Membership -

- Includes all member benefits listed above AND
- Your Broker/Agency Logo will be added to the Ohio Chamber Health Benefit Program webpage

In addition to the Ohio Chamber Health Benefit Program, I am interested in offering additional insurance products offered through the Ohio Chamber of Commerce.

Yes

No