

BROKER/AGENT APPLICATION



Key Information

*Company Name

*Address

*City

*State

*Zip Code

Company Information

*Industry

Website Address

Membership Investment

Broker/Agent Membership
\$400¹

Chamber Partner
\$900¹

¹Membership Investments include first year \$100 discount. Membership rates will renew at standard pricing.

Contact Information

*Salutation

*Primary Contact

*Title

*Phone

*Email

Address (If Different From Above)

Social Media Handles

MEMBERSHIP OFFERS

\$400¹ 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

\$900¹ 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