

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 / \$150¹

11-20 / \$400¹

21-50 / \$650¹

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



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

Business Academy

Worker's Compensation Group Rating Program

Credit Card Processing / Corporate Card Programs

Public Policy Committees