



MACC Membership Application 2019

Number of Full Time Employees _____
(2 pt time = 1 full time)

(Please Print)

Membership Investment Rates

Citizen/Civic/Non-Profit Rate \$ 210

For Profit Rates (# of Employees)

| | |
|------------|---------|
| 1 | \$ 220 |
| 2-5 | \$ 240 |
| 6-10 | \$ 290 |
| 11-20 | \$ 350 |
| 21-50 | \$ 480 |
| 51-75 | \$ 570 |
| 76-100 | \$ 680 |
| 101-150 | \$ 840 |
| 151-200 | \$ 1010 |
| 201-250 | \$ 1230 |
| 251-300 | \$ 1530 |
| 301-350 | \$ 1910 |
| 351-400 | \$ 2410 |
| 401 & Over | \$ 3170 |

Membership Investment \$ _____

One Time Processing Fee \$ 35

Total Cost of Membership \$ _____

Authorized Signature _____ Date _____

Check payable to Mentor Area Chamber of Commerce is attached

Please Charge My Card:



Name as it Appears on Card

Credit Card Number

Exp Date CSC Code (on back)

Payment must accompany application form for processing.

Name of Firm

Main Representative Title

Mailing Address

City State Zip

Business Phone

Email

Business Category (see enclosed listing)

Company Website

Linked In

Facebook

***If you would like to add additional representatives to your a/c, please list their name, email address and title below:*

Add'l Rep Name Email Title

Please let us know the reason(s) you are joining the chamber:

- Business Promotion (advertising, sponsorships)
- Credibility in Community (backing of the chamber to gain trust with customers)
- Ongoing Training & Education (speakers, newsletters, etc.)
- Programs & Events (monthly meetings, Coffee Contacts, Business After Hours, etc.)
- Relationship Building (networking, getting to know others)
- Savings on Various Programs
- Other (Please list) _____

Chamber membership is tax deductible as a legitimate business expense. The Chamber is classified as a 501 (c) (6) business association.

Referral Program/REFERRED BY: Name _____ Company _____