

I/We hereby apply for membership in the Nelsonville Area Chamber of Commerce

I/We hereby agree to be bound by the Constitution and the By-Laws of the Chamber now in force or which may hereafter

Name of Business:	Contact:	
Business Address:	Mailing Address:	
City: State: Zip:	City:	State: Zip:
Business Phone:	Fax:	
E-Mail: This will be used for Chamber notifications	Website:	
Category you would like listed under on the website:		Number of Employees:

Membership Rates for 2019		
Number of Employees		
1 - 5		\$ 75.00
6 - 10		\$ 100.00
11 - 30		\$ 175.00
31 plus		\$ 250.00
Organizations/Clubs		\$ 75.00
Friend of Chamber		\$ 35.00

Please send application and payment to:

Nelsonville Area Chamber of Commerce
P.O. Box 276
Nelsonville, OH 45764

Email: info@nelsonvillechamber.com
Web: www.nelsonvillechamber.com

PAYMENT DEADLINE JANUARY 15, 2020

Enclosed please find \$_____ for membership from 1.1.20 to 12.31.20.

Membership for the following year will not be renewed until payment of dues for that year is received.

Interested in serving on a committee? Yes ___ No ___

Signature:	Date:
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We refer our members. Please help us by providing a brief description.

Date Received:	Amount:	Check Number: