

Madeira, Ohio 45243

## 2024 Membership Application & Invoice

Complete & Pay Online at MadeiraChamber.com/join

Date: / Referred By:							
C	Company name:		No. of Employees:				
C	)wner/CEO:		Company Contact:				
Address:			City:		Stat	e: Zip:	
Telephone:		Emai	Email:				
C	Cell phone:	_ Web address	Web address:				
Profile of Business:							
Is your business located in Madeira? [_] Yes [_] No							
<u>Category</u> : Check the one category that best fits your business							
	1 Animal & Pet Care	7 Finance & Insurance			13 Non-Pr	3 Non-Profit Organization	
	2 Business & Professional Services	8 Gov	8 Government		14 Person	Personal Services & Care	
	3 Churches/Religious	9 Hea		15 Real Estate Services			
	4 Construction & Building Services	10 Hor	ne & Garden		16 Recrea	6 Recreation & Fitness	
	5 Education	11 Leg	al		17 Restau	rants & Food Services	
	6 Entertainment	12 Leis	12 Leisure Travel			ing & Retail	
Authorized signature:							
Annual "calendar year" membership rates.							
\$ 50		50.00	1 empl	1 employee			
\$ 10		00.00	2 to 50 employees				
\$ 20		00.00	51 to 100 employees		oyees		
\$300.0		00.00	.00 101+ em		oloyees		
What motivated you to become a Chamber member? (check all that apply)							
[_] Healthcare Program [_] BWC Group Rating [_] FedEx Shipping Discount [_] Virtual HR Benefits							
[_] Payment Processing Discount [_] Printing Discount [_] 401(k) Program [_] Local Events [_] Other							
2. Are you interested in being on a Chamber Committee? [_]-Yes [_]-No							
3. Do you want a <b>MEMBER</b> Window Decal to display at your business? [_]-Yes [_]-No							
Make checks payable and return the completed form to:							
Madeira Chamber of Commerce P.O. Box 43333							

Thank you for your support of the Madeira Chamber of Commerce!