



Application/Invoice
(1st Year \$90, Renewal \$75)

Date _____

Company _____

Contact(s) _____

Email Addresses _____

Phone _____ Fax _____

Mobile(s) _____ Okay to text meeting notices? Y N

Address _____

City/State/Zip _____

Website _____

FT employees _____ PT employees _____ Date Established: _____

Industry/Description _____

Services/Products _____

Rank the following chamber benefits from 1 to 6, with 1 being most important to you:

_____ Networking _____ Marketing _____ Savings

_____ Advocacy _____ Education _____ Insider News

Benefits I use/will use _____

How would you like to help drive success for the group? (check all that apply)

Host Event Board Committee Member to Member Discount

Cross-Promotion Event Sponsorship Giveaway Donations

Other _____

All members who take advantage of Anthem Health Insurance, NOACC benefits and CompManagement Workers' Comp discounts must renew their membership each calendar year to continue receiving benefits.

Mail to PO Box 5465 Akron, OH 44334 or Fax to 440-448-4679