



Investment

General Business

<u># Employees</u>	<u>Annual Dues</u>
1-3	\$225
4-8	\$265
9-20	\$285
21-40	\$360
41-125	\$430
126-250	\$630
251-400	\$960
Over 400	\$1260

+ \$1 for each employee over 400

Individual Membership: \$125
 (Elected officials, retired persons or any person without company representation)
Professionals: \$205 (plus \$50 for each additional professional)
Hotels/Motels: \$225 for the first 25 rooms, plus \$1.00 per room thereafter
Non-profit Organizations: \$205
Education: \$205
Restaurants: \$225 for the first 25 seats, plus \$1.00 per seat thereafter
Fast Food Franchises: \$225 plus \$25 for each additional location listing
Financial Institutions, Manufacturing & Utilities: Industry Formulas

90 Day Money Back Guarantee

If you attend at least two Chamber functions during the first 90 days of membership and are not completely satisfied, we will refund your membership dues. Your Chamber membership is the wisest business investment you will make. **We guarantee it!**

Please tell us why you are joining the Chamber of Commerce:

(use other side if needed)

Investment Agreement Application

50 W. Locust Street, Newark, Ohio 43058-0702

Phone (740) 345-9757 Fax (740) 345-5141 Website: www.lickingcountychamber.com

With this information we invite and challenge you to join us in developing our community. Let's work together to make it the best it can be. Membership in your Chamber is an investment in Licking County's future. One that is sure to grow, paying dividends many times over your initial investment.

Please Print

Chief Executive _____ Title _____

Firm Name _____

Type of Business (for directory classification) _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ # Emp. - FT _____ PT _____

E-Mail _____

Website _____

Chamber Representative _____ Title _____

(Name to appear in Member Directory and on correspondence)

Educational Liaison _____

Additional Location _____

Additional locations may be named for \$25 per location/per year on minimum dues members.

Chamber Dues Investment \$ _____ + One Time ~~\$20.00 Enrollment Fee~~ **No Charge** Total due _____

Signed: _____ Title _____

Check Enclosed _____ Please Charge To: Visa _____ MasterCard _____

Name On Card _____ Expiration Date _____

Card #																			
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Signature _____ Date _____