



# Membership Application/Invoice

Cuyahoga Valley Chamber of Commerce -

**NEW** \_\_\_\_\_ **RENEWING:** \_\_\_\_\_ **(Please check)**

**Please complete the following info for your Company:**

**Company Name:** \_\_\_\_\_

**Contact Person/Title:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

*(Please mark cvcc@cuyahogavalleychamber.org as a safe contact in order to receive chamber events and important updates)*

**Web-site:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Number of employees:** \_\_\_\_\_

**Type of Industry or Business:** \_\_\_\_\_

**Volunteer Opportunities:**

**Committees available:**

(Please check all that apply)

\_\_\_ Education Scholarship

\_\_\_ By-laws

\_\_\_ Public Relations

\_\_\_ Website

\_\_\_ Membership

\_\_\_ Fundraising

\_\_\_ Nominating

\_\_\_ Programs

Would you like to donate to High School Senior College Scholarship Fund? If yes, Amount \$ \_\_\_\_\_

**Annual Chamber Membership Dues**

**Please check one:**

\_\_\_ 1-10 employees: \$125.00

\_\_\_ 11-25 employees: \$175.00

\_\_\_ 26-50 employees: \$225.00

\_\_\_ 51 + employees: \$275.00

\_\_\_ \$35.00 Fee to recv. Optional Electronic Excel Membership List

**AMOUNT DUE Membership:** \_\_\_\_\_

**Web Link Annual Fees (If desired)**

**Please check one:**

\_\_\_ \$50.00 a link

\_\_\_ \$35.00 if reciprocal chamber link is placed on your web-site.

**Please register my company with a ;**

\_\_\_ Web link or a \_\_\_ Reciprocal link

**URL:** \_\_\_\_\_

Please identify what page of your website the Chamber link will be located. Link and page link must be identified and added within 2 wks of receipt of application otherwise the annual web link fee of \$50 applies. \_\_\_\_\_

**AMOUNT DUE Web Link:** \_\_\_\_\_

**Please forward payment to:**

Cuyahoga Valley Chamber of Commerce,  
P.O. Box 31326,  
Independence, OH 44131  
Attention: Eileen Hawkins

Please make check payable to:  
Cuyahoga Valley Chamber of Commerce  
(Include total of membership + web link)  
(216) 573-2707  
cvcc@cuyahogavalleychamber.org

**Total Amount (Annual Dues + Link):** \_\_\_\_\_

**Master Card or Visa**

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Name of Cardholder:** \_\_\_\_\_