### NORTH ROYALTON CHAMBER OF COMMERCE

13737 State Road • North Royalton, Ohio 44133 440-237-6180 • FAX 440-237-6181 • E-mail rrnews@aol.com

Website: www.nroyaltonchamber.com

# 2021 Membership Application

LULI	Membership	Applica
Significant Savings		

• Group Health Insurance • Workers Compensation premiums • Advertising in the Royalton Recorder. • Savings on Office Supplies and free next-day delivery, Credit Card Processing, Business Planning Workbooks, Web Site Development, FedEx Shipping, Help with Collections, FedEx Shipping, Chamber Energy Program.

#### **Marketing Opportunities**

• Sponsor an event (Your name will be featured in the Royalton Recorder. • Chamber Newsletter informs you about Chamber events and member activities.

### **Membership Directory**

 Provides a complete online listing of member organizations, representatives, including address, phone and fax number, e-mail and link to website.

# Networking

• Meet decision makers at regularly-scheduled monthly meetings. • Business After Hours at member locations.

#### **Community Involvement**

Name\_\_\_\_\_

• Represent Chamber, and yourself, in sponsored events, while meeting and working with others in your community. • Your clients have added assurance that yours is a reputable business working to make our city a better place in which to work and live.

Company Na	Name			

- Company Address\_\_\_\_\_City\_\_\_\_State\_\_\_Zip\_\_\_
- Business Phone No. \_\_\_\_\_FAX\_\_\_\_E-mail\_\_\_ Website: \_\_\_\_\_\_Would you like your website linked to the Chamber's? Yes \_\_\_No\_\_\_
- Position/Title\_\_\_\_\_Type of Business (Please describe)\_\_\_\_\_
- Joining as a \_\_\_\_Business \_\_\_\_Organization \_\_\_\_\_Civic \_\_\_\_Non-Profit Under which category would you like to be listed in the Chamber Directory?
- Are you be willing to serve on a Chamber committee? Yes \_\_\_\_\_ (Someone will contact you) Not at this time\_\_\_\_\_
- Enclosed is my check for \$125, which includes my membership fee of \$100\*, plus a one-time administrative fee of \$25. (Please include \$50 for each associate member
- joining from the same company).
- Applicant's Signature Recommended By
- \_\_\_\_\_\_ Mail Completed Application and Payment to Above Address
- Payment by: Credit Card (Circle one:Visa or MC) Check No.\_\_\_\_\_
- Credit Card No.\_\_\_\_\_ Expiration Date:\_\_\_\_ CVC Code \_\_\_\_ Credit Card billing address\_\_\_\_\_Zip Code\_\_\_\_
- For Office Use Date Credit Card Processed:

  Date Approved: \_\_\_\_\_\_