



## MEMBERSHIP APPLICATION

225 West Washington Row  
Sandusky, Ohio 44870

Phone: 419-625-6421 Fax: 419-625-7914

[www.eriecountychamber.com](http://www.eriecountychamber.com) e-mail: [pamelas@eriecountychamber.com](mailto:pamelas@eriecountychamber.com)



### ANNUAL INVESTMENT TABLE (effective 7/1/15)

Investment Schedule Based on:

1-5 employees = \$285.00

Over 100 employees = \$657.00 + \$2.00 per additional employee

# EMP	\$ AMT	# EMP	\$ AMT	# EMP	\$ AMT	# EMP	\$ AMT
1	285	26	392	51	500	76	583
2	285	27	397	52	504	77	587
3	285	28	402	53	508	78	590
4	285	29	407	54	512	79	593
5	285	30	412	55	516	80	596
6	290	31	417	56	520	81	599
7	295	32	422	57	524	82	602
8	300	33	426	58	528	83	605
9	305	34	430	59	531	84	608
10	310	35	435	60	534	85	611
11	315	36	439	61	538	86	614
12	320	37	443	62	541	87	617
13	325	38	447	63	544	88	620
14	330	39	451	64	547	89	623
15	336	40	455	65	550	90	626
16	341	41	459	66	553	91	629
17	346	42	463	67	556	92	632
18	351	43	467	68	559	93	635
19	356	44	471	69	562	94	639
20	361	45	475	70	565	95	642
21	366	46	479	71	568	96	645
22	371	47	483	72	571	97	648
23	376	48	488	73	574	98	651
24	381	49	492	74	577	99	654
25	387	50	496	75	580	100	657

Membership dues in the Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. Dues paid to the chamber are not a charitable tax deduction for federal income tax purposes. The chamber is not a charity, but serves as an advocate organization for area business.

**BUSINESS/ORGANIZATION NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**MAILING ADDRESS (if different):** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**Company Logo** \_\_\_\_ Yes \_\_\_\_ No (Please e-mail to Chamber office in .jpeg format)

**WEB SITE ADDRESS** \_\_\_\_\_

**PHONE:** (    ) \_\_\_\_\_ **TOLL FREE #** \_\_\_\_\_ **FAX:** (    ) \_\_\_\_\_

☐ **PLEASE CHECK HERE IF YOU WISH YOUR CONTACT INFORMATION TO BE KEPT PRIVATE.**

**# Full Time Employees:** \_\_\_\_\_ **# Part Time Employees:** \_\_\_\_\_  
*Please count 2 part time employees as 1 full time employee.*

**TYPE OF BUSINESS:** \_\_\_\_\_

**Please include any brochures, leaflets, pamphlets, etc. that you may have about your company/organization.**

**DESIGNATED MEMBER:** \_\_\_\_\_

**Why do you wish to become an ECCC member?**

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZING SIGNATURE:** \_\_\_\_\_

**BILLING: ATTENTION OF** \_\_\_\_\_

**Is there a different billing address?** \_\_\_\_\_

**ANNUAL DUES LEVEL** (See Back): \_\_\_\_\_ **ENROLLED BY:** \_\_\_\_\_

*Under I.R.S. Code 501C6, your Chamber dues are tax deductible as a business expense.*

**CHAMBER OFFICE USE**

**DATE APPLICATION RECEIVED:** \_\_\_\_\_ **DATE PAYMENT RECEIVED:** \_\_\_\_\_

**CLASSIFICATION:** \_\_\_\_\_ **RENEWAL DATE:** \_\_\_\_\_

**CERTIFICATE DATE:** \_\_\_\_\_

	<b>Completed</b>
Added to Web	_____
Mailing - Excel	_____
QuickBooks	_____
Membership Directory - Word	_____
Mailing Label	_____
ChamberMaster	_____

	<b>Completed</b>
Membership - Excel	_____
Billing - Excel	_____
Clubs & Organizations - Word	_____
Industry – Word	_____
Membership Label	_____
Buyers Guide - Word	_____

**NEW MEMBER PROCESSING:**

File \_\_\_\_ Certificate \_\_\_\_

**Date Member Packet Mailed** \_\_\_\_\_

