

Brunswick Area Chamber of Commerce

MEMBERSHIP APPLICATION

BUSINESS INFORMATION

Business Name:		
Representative's Name:	Title:	
Email:	Website:	
Address 1:		
Address 2:		
City:	State:	Zip:
Phone:	Fax:	
How would you like to hear from us? <input type="checkbox"/> fax <input type="checkbox"/> mail <input type="checkbox"/> email		

BUSINESS RELATED QUESTIONS

Business Description:		
NAICS Code:	SIC Code:	# of full time employees:
Workers' Comp Policy Number:	Federal Tax ID # or owner SS#:	
<input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Public Firm <input type="checkbox"/> Female Business Enterprise	<input type="checkbox"/> Private Firm <input type="checkbox"/> Government Entity <input type="checkbox"/> Nonprofit	

PROMOTE YOUR BUSINESS AND GET INVOLVED:

I would like more information about: <ul style="list-style-type: none"> <input type="checkbox"/> Networking & Events <input type="checkbox"/> Exhibit & Sponsorship (Bring on Brunswick) <input type="checkbox"/> Advertisements: Kiosk, newsletters, Eblasts, City banners <input type="checkbox"/> Volunteer for the BACC (golf outing, Bring on Brunswick and business after business) <input type="checkbox"/> Local Business advocacy <input type="checkbox"/> Ambassadors Committee <input type="checkbox"/> Chamber Charities Committee <input type="checkbox"/> Home based business forum <input type="checkbox"/> Events Committee (Bring on Brunswick, golf committee, speakers for monthly meetings, business after business plans, ETC) <input type="checkbox"/> BACC/COSE business space

JOIN:

Membership level: Tier: _____ \$ _____	Membership Levels: <ul style="list-style-type: none"> • <u>Tier A</u> (25+ employees) \$450.00 • <u>Tier B</u> (10-24 employees) \$350.00 • <u>Tier C</u> (1-9 employees) \$240.00 • <u>Tier D</u> (New business) \$180.00 less than 24 months in business • <u>Tier E</u> (Non profit 501c3 only) \$120.00 • <u>Tier F</u> (Associate member) \$120.00 No business affiliation
One time only admin fee: \$25.00	
Total: \$ _____	
<input type="checkbox"/> Pay in full by check (payable to: BACC) <input type="checkbox"/> Pay in full by credit card <input type="checkbox"/> ACH monthly payment	

SIGNATURES

Signature of applicant:	Date:
How did you hear about us? <input type="checkbox"/> Newspaper/media <input type="checkbox"/> Social media <input type="checkbox"/> Referral: _____ <input type="checkbox"/> Other: _____	Brunswick Area Chamber of Commerce 1434 Town Center Blvd C50 Brunswick, Ohio 44212 (330) 225-8411 www.brunswickareachamber.org