



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

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Website** \_\_\_\_\_

Physical Address	Mailing Address (if different)
_____	_____
_____	_____

**Primary Contact**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Billing Information**  Same as Primary Contact  Same as Physical Address  Same as Mailing Address

Billing Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Billing Phone \_\_\_\_\_ Billing Email \_\_\_\_\_

Billing Address \_\_\_\_\_

**Nature of Your Business:** Please give a brief description of your business including services and types of products offered.

**# of Employees:** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ **Year Started** \_\_\_\_\_ **Office Type** (select one):  Main  Branch

**Membership Type** (select one):  Business  Non-Profit  Home-Based/Start Up  Individual

**Business Categories** (refer to [category list](#)) \_\_\_\_\_

**Referred by** (if applicable): \_\_\_\_\_

**Expectations:** What are your expectations of membership in the Chamber?

**I would like more information on the following Chamber Benefits** (check all that apply):

- Workers Comp  Health/Wellness Products  Credit Card Processing  Health Insurance

**I would like to volunteer** (check all that apply):  at Events  on a Planning Committee  at the Chamber Office

I have read and accept the [privacy policy](#) of Cuyahoga Falls Chamber of Commerce ("Chamber"). I grant the Chamber permission to contact me regarding my account, news, updates, and offers. I authorize the Chamber to publish my information and any photos taken of me and members of my business at Chamber Events.

**Your Name** \_\_\_\_\_ **Date** \_\_\_\_\_