



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 Retired Individual

Business Categories (refer to [category list](#)) _____

Referred by (if applicable): _____

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

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** _____