



2019 Membership Application

Please print legibly.

Company Name: _____ Industry: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Number: _____ Cell Number: _____

Email Address: _____

Company Owner(s) Name(s): _____

Contact Name: _____

Number of employees: _____ Number of locations: _____ Years in business: _____

Referred by, if applicable: _____

Brief write-up about you and your company to appear on the website: (Use an additional page if needed.)

Check one:

- Business member annual dues: \$125.00
(Join October through December for just an additional \$25.00.)
- Associate member* annual dues: \$25.00 * Retiree, Student, Non-profit, etc.

Please mail or scan/email this completed form to the address below, or bring with you to a Chamber meeting. Renewal invoices will be **EMAILED** to the email address you have provided, each January.

For more information please contact: **Dan Riegner, (513) 560-3951, info@littlemiamiareachamber.com**

Little Miami Area Chamber of Commerce
P.O. Box 164 | Morrow, OH 45152
Web: www.littlemiamiareachamber.com
Email: info@littlemiamiareachamber.com
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