

# PYMATUNING AREA CHAMBER of COMMERCE



*"Located at the Ohio/Pennsylvania Gateway to Pymatuning Lake"*

P.O. Box 503 • Andover, Ohio • 44003  
440 293 5895 | info@PymatuningAreaChamber.org  
www.PymatuningChamber.org | www.facebook.com/PareaCOC



## MEMBERSHIP APPLICATION

Please complete and return this application with your check. If you wish to pay by credit card, please contact info@pymatuningarechamber.org or call 440-293-5895. (Will include 3% processing fee) New members pay a pro-rated rate based on the month you join. Please verify this amount if you have any questions. Please print legibly. Member Year Runs July 1 to June 30.

### Please check applicable membership investment type:

<input type="checkbox"/> Non-Profit/ individual Person	\$25.00	<input type="checkbox"/> 51-75 Employees	\$85.00
<input type="checkbox"/> 0-9 Employees	\$50.00	<input type="checkbox"/> 76-100 Employees	\$95.00
<input type="checkbox"/> 10-25 Employees	\$65.00	<input type="checkbox"/> 100+ Employees	\$105.00
<input type="checkbox"/> 26-50 Employees	\$75.00	<input type="checkbox"/> Second Location	\$25.00

**Additional locations** - Each additional business location under same EIN (Please provide location information)

Membership Investment (from above make check payable to PACOC) TOTAL \$ \_\_\_\_\_

We ask that every member give a little time volunteering to help make our events successful.

### Directory Information (where is your business and how does customer contact it?)

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Email Address \_\_\_\_\_

Company Website URL \_\_\_\_\_ Facebook Address \_\_\_\_\_

Primary Contact Name/Title/email: \_\_\_\_\_

Brief description of your business (and multiple locations)

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

Your designated representative has your authorization to attend Chamber meetings, vote on business coming before the Chamber, participate in event or organization committees and be elected to offices or Board of Directors. Chamber meetings are held the second Tuesday of each month at 8 AM in the Andover Village Hall.

Additional Contact Name/Title/Email: \_\_\_\_\_

\_\_\_\_\_

When did your business open? Month \_\_\_\_ Year \_\_\_\_ Type of Business: \_\_\_\_\_

I understand my membership with the Pymatuning Area Chamber of Commerce constitutes my permission for the Chamber to transmit by phone, fax and/or email to the number (s) and/or email address I've provided.

\* BY FILLING OUT THIS APPLICATION, THE PERSPECTIVE MEMBER AGREES TO THE CHAMBERS CODE OF CONDUCT THAT CAN BE FOUND ON OUR WEBSITE.

Signature \_\_\_\_\_

Date \_\_\_\_\_

We thank you for your support! The Chamber is a 501(c) C(6) Professional Business Association