



Champaign County Chamber of Commerce & Visitors Bureau

2012 MEMBERSHIP DUES

I.	Financial Institutions	\$ 850.00
II.	Public Utilities	\$ 800.00
III.	Manufacturing	
	• 1-24 Employees	\$ 350.00
	• 25-99 Employees	\$ 675.00
	• 100-199 Employees	\$ 925.00
	• 200 & Over	\$ 1500.00
IV.	Retail/Service/Agricultural/Business	
	• 1-4 Employees	\$ 150.00
	• 5-9 Employees	\$ 275.00
	• 10-14 Employees	\$ 375.00
	• 15-29 Employees	\$ 525.00
	• 30-49 Employees	\$ 625.00
	• 50 & Over	\$ 725.00
V.	Professional Services	
	<i>(Professions that require State of Ohio Certification and/or License)</i>	
	• 1-4 Employees	\$ 165.00
	• 5-9 Employees	\$ 275.00
	• 10 & Over	\$ 375.00
VI.	Schools	\$ 275.00
VII.	Universities	\$ 550.00
VIII.	Government Offices/Agencies	\$ 150.00
IX.	Non-Profit Organizations	
	• 1-4 Employees	\$ 100.00
	• 5-9 Employees	\$ 150.00
	• 10-14 Employees	\$ 250.00
	• 15-29 Employees	\$ 350.00
	• 30-49 Employees	\$ 450.00
	• 50-149 Employees	\$ 550.00
	• 150 & Over	\$1,000.00
X.	Individual Membership	\$ 50.00
XI.	Benefactor Level	\$6,500.00
	<i>(This special package includes sponsorship and advertisement for all 2012 Chamber events)</i>	

Please check with your Accountant to verify – but you should be able to write off your membership fees. Also, for your convenience, we are now accepting credit card payments. Please call in to the office at (937) 653-5764, and we will be more than happy to set up a payment arrangement.



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2012 MEMBERSHIP APPLICATION

BUSINESS OR COMPANY NAME: _____ DATE: _____

CONTACT PERSON: _____

ALTERNATE CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ FAX: _____

E-MAIL: _____ WEB PAGE: _____

NUMBER OF EMPLOYEES, FULL TIME: _____ PART TIME: _____
(Two part-time employees equal one full-time employee)

TYPE OF BUSINESS: _____
(See dues schedule)

APPLICANT SIGNATURE: _____



2012 MEMBERSHIP DUES \$ _____

CHECK ENCLOSED (Payable to Champaign County Chamber of Commerce)

CREDIT ___ VISA ___ MASTERCARD ___ AM. EXPRESS

CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE: _____ 3 DIGIT CODE: _____

PLEASE BILL ME: _____
(Add contact name if different from above)

BILLING ADDRESS: _____
(If different from above)