

# **MEMBERSHIP APPLICATION**

**NORWOOD CHAMBER OF COMMERCE**

**P.O. BOX 12144**

**NORWOOD, OHIO 45212**

**956-7935 FAX 741-8778**

**[www.norwoodchamber.org](http://www.norwoodchamber.org)**

Name \_\_\_\_\_

Title \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Products/services (up to 25 words) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Annual dues:**

**\$75 1 – 10 employees**

**\$150 10-100 employees**

**\$330 over 100 employees**

**Send check payable to the Norwood Chamber of Commerce**

**P.O. Box 12144, Norwood, OH 45212**