

# HURON CHAMBER OF COMMERCE

## Membership Application

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

# of Employees: \_\_\_\_\_

Member Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Designated Contact (if other than member): \_\_\_\_\_

Type of Company/product: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax #: (     ) \_\_\_\_\_ Web Site: \_\_\_\_\_

Please enclose company business card for our files.

Are you currently utilizing our discounted Anthem Health Insurance program? \_\_\_\_\_

Annual Membership Fee: \$ \_\_\_\_\_  
New Member One Time Application Fee: \$ **30.00**  
Check # \_\_\_\_\_ Total Amount Due/Paid: \$ \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Solicitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \*

### Annual Membership Dues Schedule (Updated January 2011)

Category	# of employees	Schedule 1	Schedule 2	Schedule 3
A	1 - 11	\$ 200	\$150	\$ 80
B	12 - 49	\$275	\$200	\$ 80
C	over 50	\$ 425	\$325	\$ 80

Schedule 1: Industrial/Manufacturing, Financial, Utilities

Schedule 2: Food Service, Marina, Lodging, Broker, Insurance, Professional, Retail, Wholesale, Service, Automotive

Schedule 3: Associate, Civic Groups, Community Service, Education, Religious, Individual

509 Huron St. – PO Box 43 – Huron, OH 44839 Phone/Fax (419) 433-5700