

2019 MEMBERSHIP APPLICATION

8922 Beckett Road, West Chester OH 45069
 www.TheChamberAlliance.com
 Phone: 513.777.3600



Connecting people and possibilities in West Chester and Liberty Townships and the I-75 Growth Corridor

DATE _____ BUSINESS CATEGORY (SEE DIRECTORY ON LINE FOR LISTING) _____

ORGANIZATION NAME _____ NUMBER OF EMPLOYEES _____

ORGANIZATIONAL REPRESENTATIVE _____ TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ORGANIZATION TELEPHONE _____ DIRECT/MOBILE TELEPHONE _____

EMAIL _____ WEBSITE _____

AUTHORIZED SIGNATURE _____

ALL MEMBERS OF YOUR TEAM ARE WELCOME AT ANY OF OUR EVENTS. PLEASE EMAIL ADDITIONAL CONTACTS TO

KBRAMBLETT@THECHAMBERALLIANCE.COM

Chamber Alliance Staff Contact _____ REFERRED BY _____

Tell us briefly why you are making this investment in your organization _____

Membership Classification (*please check one*)

	Class A	\$295	501(c)(3)			Class H	\$1,700	101-200 Employees
	Class B	See below	501(c)(3)			Class I	\$2,290	201-400 Employees
	Class C	\$395	1-6 Employees			Class J	\$2,870	401-700 Employees
	Class D	\$520	7-12 Employees			Class K	\$3,860	701-999 Employees
	Class E	\$635	13-25 Employees			Class L	\$5,210	1000+ Employees
	Class F	\$750	26-50 Employees			Class M	\$225	Associate Membership
	Class G	\$1,270	51-100 Employees			Class R	\$130	Retired individual membership

***Membership is based on total employees at your branch location.
 Two part-time employees equal one full time employee.***

Class A - 501(c)(3) with 25 or fewer employees.

Class B - 501(c)(3) with 26 or more employees, pay 50 percent of regular dues.

Class M - For individuals who report to the same location as the principle organization which maintains a current membership but wish to be listed individually.

Class R - Fully retired individuals only. Member cannot utilize membership for professional services.

***Membership is for 12 months from month joined, is payable in advance, and is continuous unless canceled.
 Membership investment is subject to annual change.***

___ Check, make payable to West Chester-Liberty Chamber Alliance (WCLCA)

___ Credit Card Number _____ Exp. Date _____

Name on Card _____

Address on credit card (include zip code) _____

12/19/2018

Membership may also be completed online at www.thechamberalliance.com and click the "Join Today" button