

Become a **PREMIER** Member

Company Name: _____ Application Date _____

Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Web site: _____

Business Classification: _____ Year Established: _____

Additional Business Classification _____

Type of Company: Family-owned Minority-owned Woman-owned Other

Primary Contact: _____

Position: President CEO Owner Other

Phone: _____ E-mail: _____

Chamber Contact (if different): _____ Title: _____

Phone: _____ E-mail: _____

Number of Employees: _____ Full-Time: _____ Part-time: _____

Dues: \$ _____ (total due)

Method of Payment: _____ Check # Visa MC Discover AmEx

Credit Card #: _____ Exp.: _____ CVV Code: _____

Name on Card: _____ Signature: _____ Zip Code: _____

Referred by: _____ Company: _____

I do not want to be included on lists sold from the Chamber's Database
*please note: if you check this, you will not be able to purchase lists

I do not want the above address listed on the Chamber web site

I do not want the above phone number listed on the Chamber web site

I am interested in additional involvement/marketing opportunities through the Columbus Chamber

>Get started! www.columbus.org

Mail: Columbus Chamber, 37 N. High St.

Columbus, Ohio 43215

Fax: (614) 221-9360

E-mail: membership@columbus.org

Call: (614) 225-6915

Continue on the 2nd page →

Please check if you need more information on any of the benefits below:

- Workers' Compensation
- Health and Vision Insurance
- Office Supplies
- Business Credit Card
- Merchant Services
- HR Services
- Job Postings
- Natural Gas Discounts

Please check if you would like to receive information about our events:

- Networking Events
- Educational/Training Sessions
- Business Advocacy Events

Other interests not mentioned above:

Please give us other contacts in your organization that we can involve in our activities:

- President/CEO/Owner _____ Email: _____
- Finance _____ Email: _____
- Purchasing _____ Email: _____
- HR _____ Email: _____
- Sales _____ Email: _____
- Community Relations _____ Email: _____

As a PREMIER Member would you like to...

_____ Include a brief business description (25-40 words):

_____ Introduce your business to as many as five (5) Chamber member businesses of your choice; please list the 5 businesses:

_____ Participate on the Columbus Chamber's Membership Advisory Council

_____ Request the membership database in electronic format for *free* to be used up to 4 mailings/year.