

# MAPLE HEIGHTS CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

## Purpose

*To serve commercial, industrial and professional business interests in order to build a strong economic climate for the betterment of Maple Heights, Ohio.*

- Please enroll me/my business/organization as a member of the Maple Heights Chamber of Commerce at a yearly investment of \$100.00**

**Please list the following information as you would like it to appear in the Membership Roster.**

**Business/Organization** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

Include in Directory and on Website  
Circle One

**E-Mail Address:** \_\_\_\_\_ **Yes** **No**

**Website address:** \_\_\_\_\_ **Yes** **No**

**I understand that my membership is subject to the approval of the Board of Directors of the Maple Heights, Ohio, Chamber of Commerce.**

**You will be billed annual membership dues of \$100.00 yearly on January 1.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please include a business card with this application in order to assist us in the processing of the Membership Roster.

Return the membership application with payment to:  
Maple Heights Chamber of Commerce, 20960 Libby Road, Maple Heights, Ohio 44137

Please make checks payable to the *Maple Heights, Ohio, Chamber of Commerce*