



# New Paris Area Chamber of Commerce/CVB

Membership Application

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

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

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Website \_\_\_\_\_

Mailing Address (if different than above):

\_\_\_\_\_  
\_\_\_\_\_

Billing Address (if different than above):

\_\_\_\_\_  
\_\_\_\_\_

## CONTACT INFORMATION

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Brief description of your business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of full time employees \_\_\_\_\_ Number of Part-time employees: \_\_\_\_\_

Please add my cell phone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ to the list for text reminders. I understand standard fees may apply for texting services.

Please provide mailings of Chamber information to the mailing address listed above.

**Please complete the backside of this form →**

New Paris Area Chamber of Commerce/CVB P.O Box 101 New Paris, OH 45347

[newparischamber@gmail.com](mailto:newparischamber@gmail.com)

**Membership Dues:**

Membership to the New Pairs Area Chamber of Commerce/CVB is flat rate depending on total number of employees.

*\*For purposes of calculating dues, please note 2 part-time employees = 1 total employees.*

We encourage businesses to explain the Chamber benefits to their employees to encourage building the individual participation within our community.

**Membership Breakdown:**

**1 – 5 Employees: \$50.00**

**6 – 20 Employees: \$100.00**

**21 – 99 Employees: \$150.00**

**100 + Employees: \$200.00**

We have calculated your yearly membership dues utilizing the previous year’s employee totals. If your business level has changed, please make note in this notice, and adjust your payment total:

**CHANGES:** \_\_\_\_\_

\_\_\_\_\_

**Business Benefits:** The New Paris Area Chamber of Commerce/CVB works closely with the Ohio Chamber of Commerce/SOCA to offer benefits for small business/self-employed. As a Chamber member, you have access to the SOCA Member Benefit Program. Please check the boxes of interest so that we can provide more information:

Healthcare

401K

Strategic HR

**Business Advertising Partnerships:** The New Paris Area Chamber of Commerce/CVB continues to grow and look for ways to promote and encourage growth of our businesses and community. We understand that you can’t have either of those without the other. Please select the events that your business would be interested in partnering with the Chamber to promote and support our community.

Applefest (September)

Scholarships (April)

Polar Plunge (February)

Christmas In the Village (November)

Community Block Party Events (3 X Year)

We will reach out to you to discuss each of the programs listed above, at your convenience.

*By signing below, you confirm the information you have provided is up to date and correct. As a member of the New Paris Area Chamber of Commerce/CVB you recognize this membership is a partnership to support not only your business but all businesses in the Chamber community.*

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

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