

TOLEDO REGIONAL CHAMBER OF COMMERCE



MEMBERSHIP APPLICATION

Company Information – Please complete fully or apply online at www.toledochamber.com. Call 419.243.8191 with questions.
Mail to: 300 Madison, Ste. 200, Toledo, OH 43604-1575 or Email to: diane.kornowa@toledochamber.com

Company Name _____ Year Est. _____
as you wish it to appear in online directory

Street Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____ Fax Number (_____) _____

Web site: _____ Main Co. E-mail: _____

Main Representative ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. _____
required

Title _____ E-mail: _____

Add'l Representative ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. _____

Title _____ E-mail: _____

Add'l Representative ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. _____

Title _____ E-mail: _____

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

(optional) Check here if you are a: ☐ woman-owned business ☐ veteran-owned business
☐ minority-owned business (race/ethnicity: _____)

Business Category _____
for online directory

Several membership levels are available. Base dues start at:

- | | |
|--|--|
| <input type="checkbox"/> 1-9 empl. (and non-profits) \$450 | <input type="checkbox"/> 20-49 empl. \$750 |
| <input type="checkbox"/> 10-19 empl. (and restaurants) \$550 | <input type="checkbox"/> 50-99 empl. \$1,000 |

Please call the Chamber's membership department at 419-243-8191 if:

- your company has 100 or more employees
- you are a sole proprietor who operates a business under your personal name
- you would like to discuss the added benefits of membership upgrades

COSE Membership Dues:

required for participation in the COSE Health and Wellness Trust (min \$75/max \$1,350 annually)

of insurance contracts _____

x \$45 per contract _____

Payment Information

\$_____ Payment in full enclosed ☐ Check (Payable to the Toledo Regional Chamber of Commerce)

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card# _____ Exp. Date ____/____/____ 3-Digit Security Code _____

Name on Card _____ Signature _____ Credit Card Zip Code _____

Dues to the Toledo Regional Chamber of Commerce are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary business expense to the extent that the Toledo Regional Chamber of Commerce engages in state and/or federal lobbying. The non-deductible portion for this year is five percent.

I understand that chamber membership does not guarantee acceptance into any Toledo Regional Chamber of Commerce benefit program. I further understand that the Chamber has a "no refund" policy. All applications are subject to approval by the Toledo Regional Chamber of Commerce Board of Trustees.

Signature _____ Date _____

TRCC: _____