

**2012 Membership
Be a Voice in the Community**

**The Canal Fulton Chamber of Commerce
Membership and Renewal Application**

Date _____

Company Name: _____

Local Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Owner/Chief Officer _____

Who represents your company at meetings: _____

Type of Business: _____

Total # of Employees: _____ Full time _____ Part time _____

Signature: _____

Membership Dues Structure

<u>Number of Employees</u>	<u>Annual Amount</u>
Associate or Non-Profit.....	\$50.00
1-2 Owner Business/No. Employees.....	\$125.00
3-5.....	\$155.00
6-15.....	\$215.00
16-50.....	\$300.00
51-100.....	\$400.00
Over 100.....	\$500.00

(Two part time employees equal one full time employee)

**Canal Fulton Chamber of Commerce
P.O. Box 636
Canal Fulton, OH 44614
Phone & fax: 330) 854-9095
Email: cfcc@sssnet.com**