

2017 MEMBERSHIP PACKET



TUSCARAWAS COUNTY CHAMBER OF COMMERCE

1323 4th Street, NW New Philadelphia, Ohio 44663

330-343-4474 Fax 330-343-6526

E-Mail: info@tuschamber.com

Website: www.tuschamber.com

WELCOME

It is with great pleasure that I introduce you to the Tuscarawas County Chamber of Commerce. We have enclosed an application along with other information including our benefits package for you to look over. Please take your time in reviewing the materials and write down any questions you may have.

“The Mission of the Tuscarawas County Chamber of Commerce is the formation of strategic partnerships to advance the economic, education, civic and cultural prosperity of Tuscarawas County.”

Over 560 businesses in the Tuscarawas County area have found the value of membership in the Tuscarawas County Chamber of Commerce. I hope that you will take a few minutes to consider what we can do for you and your business.

Benefits available to Tuscarawas County Chamber of Commerce members include:

- Savings up to 42% on your Workers Comp. Insurance
- Business Referrals
- Monthly membership networking events
- Alphabetical and category listings in the business directory and website
- Savings with our Health Insurance Program
- Credit Card processing program including gift cards at fantastic rates with EDPS
- Office supply program with Staples Business Advantage
- Free Membership in our Tuscarawas County Safety Council...including many more!

On behalf of the Board of Directors and the membership, I extend to you an invitation to become a member of the Tuscarawas County Chamber of Commerce.

Kindest Regards,

Michael R. Mason
michaelm@tuschamber.com
Vice President

2017 RATE SCHEDULE

Effective January 1, 2017

BUSINESS: The Business Membership rate for all employers, except as specified below in special categories, is calculated according to number of full-time equivalent employees. (If your employee count is higher than 90, please contact the Tuscarawas County Chamber of Commerce office at 330.343.4474 or refer to our website at www.tuschamber.com.)

Member Category	Member dues
Single Proprietor	\$175.00
2 to 4 Employees	\$195.00
5 to 10 Employees	\$275.00
11 to 25 Employees	\$350.00
26 to 50 Employees	\$450.00
51 to 75 Employees	\$575.00
76 to 100 Employees	\$725.00
101 to 200 Employees	\$995.00
201 to 300 Employees	\$1,250.00
301 to 400 Employees	\$1,500.00
401 to 500 Employees	\$1,750.00
501 and above Employees	\$2,000.00

- 1) Non-Profit at Single Proprietor rate of \$175.00
- 2) Schools/City Government at \$260.00
- 3) County Governments \$500.00
- 4) Financial Institutions (\$15 per million dollars of local deposits)

MEMBERSHIP APPLICATION

The mission of the Tuscarawas County Chamber of Commerce is to assist in the formation of strategic partnerships to advance the economic, education, civic, and cultural prosperity of Tuscarawas County.

To help Tuscarawas County develop economic growth and civic improvement, I apply to the Tuscarawas County Chamber of Commerce. I agree to abide by the by-laws of the Tuscarawas County Chamber of Commerce and understand that membership is continuous until written resignation is submitted in advance of the renewal date. Please complete all sections of this application then return with your payment.

Date: _____ Sponsor: _____ Business opened in: _____

Name of Business/Organization: _____

Business Address/Location: _____

Mailing Address (if different): _____ Business Type _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web Address: _____

of FT Employees: _____ # of PT Employees: _____

Contact Person: _____ Title: _____

Other Representatives: _____

Business Category (please circle): Business Banks/Savings & Loan/Financial Professional School/Education Non-Profit

(IF YOU NEED MORE ROOM FOR ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH INFO.)

(PLEASE INCLUDE A BUSINESS CARD WITH YOUR APPLICATION.)

MEMBERSHIP INVESTMENT SCHEDULE for 2017

Membership investment rates for all employers, except as specified below in special categories, is calculated according to number of full-time equivalent employees.

Please refer to the Membership Rate Schedule in your packet.

Banks/Saving & Loan/Financial – Based on \$15 per million in local deposits, as determined annually at billing period. Cap of \$4,500.00

Non-profit, Individuals - \$175.00 charitable 501 (c) 3, individuals, retirees, and elected officials

School/Education – Educational Institutions \$260.00

TOTAL MEMBERSHIP INVESTMENT FOR YEAR (January through December)

Administration Fee \$ 35.00 + Membership Investment \$ _____ = _____ Total \$ _____

BUSINESS REFERRAL SERVICES

Retail items you sell: _____

Services you provide: _____

Products manufactured: _____

Would you like to provide coupons or special discount information to put in New Resident Packets?

Yes _____ No _____ If yes, please provide the office with 50 items every other month.

If possible, please supply informational brochure about your company/business.

Would you like your business to be included on the Chamber Bucks participating members list? Yes _____ No _____

CHAMBER INVOLVEMENT

How can the Chamber best serve your needs? _____

Are you interested in volunteering on a committee? _____

Please check areas of committee interest

_____ Ambassadors _____ Legislative _____ Membership _____ Retention & Expansion

Would you be interested in hosting a Business After Hours at your company? _____

Any Suggestions: _____

IMPORTANT NOTICE

I understand that membership in the Tuscarawas County Chamber of Commerce constitutes my express invitation or permission for the chamber to transmit by telephone facsimile machine to the number(s) I've provided above, e-mail or written materials, including but not limited to those relating to property, goods, services, events, meetings or notices, and the availability thereof. I also understand that these will be published in the chamber's membership directories, excluding those I've checked in the box(es):

Telephone Fax E-mail

Signed: _____ Title _____