



Indian Lake Area Chamber of Commerce

P.O. Box 717
8200 St. Rt. 366, Suite D
Russells Point, Ohio 43348

www.indianlakechamber.org
office@indianlakechamber.org
Phone: 937-843-5392
Fax: 937-843-9051

Membership Application

Name: _____

Business

Name: _____

Mailing

Address: _____

Street

Address: _____

City: _____ State: _____ Zip Code: _____

Business

Business

Phone: _____ Fax: _____

Home

Cell

Phone: _____ Phone: _____

E-mail: _____ Website: _____

Description of business/organization (will appear on website and other publications to the public): _____

Annual Dues Structure

Business with over 50 employees—\$300.00

Business with 1-5 employees—\$75.00

Business with 26-50 employees—\$250.00

Organizational Member—\$40.00

Business with 6-25 employees—\$125.00

Associate Member—\$25.00

I, the undersigned hereby agree that the above information is accurate and correct to the best of my knowledge. I further understand and agree that acceptance of membership is at the sole discretion of the Indian Lake Area Chamber of Commerce's Board of Directors and if membership is not accepted, that the monies submitted shall be fully refunded.

Signature: _____ Print Name: _____

Date: _____ Amount Enclosed: _____

Approved _____ Rejected _____ President's Initials _____ Date _____