JACKSON AREA CHAMBER OF COMMERCE

Membership Form

Date _____

135 Huron Street Jackson, Ohio 45640 740-286-2722 jacksonareachamber@yahoo.com

Name Of New Member _____

Type of Business_____

Contact Person _____

Title Or Position_____

Business Address _____

City_____State_____ Zip Code_____

Telephone Number _____

Email Address _____

Website Address _____

Learning About You And Your Business

To get to know you better, could you please include your hours, ownership, a brief description of your goods and/or services, what is special about your business, how long you have been in business, plus any other information you wish to include:

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Please return to Jackson Area Chamber Of Commerce, 135 Huron St., Jackson, Ohio 45640

DUES STRUCTURE - Individuals and non-profits $50; service clubs $75; retail businesses $100; industry, manufacturers, professionals and medical facilities $200.