

2021 Membership Application



Application Date _____
 Business Name _____
 First Name _____
 Last Name _____
 Title _____
 Mailing Address _____
 City _____
 State _____ ZIP _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____
 How did you hear about us? _____

Dues/Payment Information

- Employee of chamber member - \$75*
- Employee of non-chamber member - \$100*
- Billing Contact** info same as applicant

Billing Contact _____
 Address _____
 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____
 Email _____

- Check Enclosed (payable to Dayton Area Chamber of Commerce)
- VISA MasterCard American Express Discover

Card Number _____
 Expiration Date _____ Sec. Code _____

Card Holder's Signature _____

Membership in Generation Dayton constitutes express permission for the Chamber to communicate via the contact information provided, through E-mail or written materials, including but not limited to those relating to goods, services, meetings or notices thereof. The signature below indicates understanding of the above and request for membership.

Applicant signature _____

Mail or fax with payment to:

Dayton Area Chamber of Commerce
 8 N. Main Street | Suite 100
 Dayton, OH 45402
 Phone: 937.226.1444
 Fax: 937.226.8254

To pay by credit card if you do not have access to fax, please email the form **without your credit card information** to [Linda Baker lbaker@dacc.org](mailto:Linda.Baker@dac.org). She will contact you for your credit card information.

***Note:** In compliance with federal law, your dues are deductible as a business expense.

GenerationDayton.org

