Dayton Area Chamber of Commerce

2026 Associate Membership Application

Eligibility

1. Any <u>individual</u> who is one of the below:

- A *Generation Dayton* member employed by a non-member company
- Retired from a member company
- Military affiliated with WPAFB
- Elected official

2. A <u>company</u> participating in the OWCN workers' compensation program through Sedgwick

Benefits

- Participation as an individual in Generation Dayton
- Participation in the Sedgwick OWCN Dayton Area Chamber of Commerce Group Rating Program
- Access to member pricing for chamber networking events
- An online member directory listing at DaytonChamber.org
- Access to the members-only "Hub" at DaytonChamber.org

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

Please DO NOT email credit card information

QUESTIONS?
Call Carla Pennington
Manager, Member Activation

937.226.8220

* REQUIRED

Application Date*_____ Date Est. _____

Legal Corporate Name _____

Business Name* _____

Name Prefix ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Hon. ❑ Other _____

First Name* _____

Last Name* _____

Title* _____

Mailing Address* _____

City*_____ State*_____ ZIP*_____

Main Phone* (_____)_____ Fax (_____)_____

Mobile Phone *(Optional)* (_____)_____

Website _____

E-Mail* _____

❑ Ohio Workers' Compensation Network (OWCN)

❑ Add me to Generation Dayton

Payment Information

Dues Amount $125

❑ Check Enclosed *(Payable to Dayton Area Chamber of Commerce)*

❑ Pay By Phone *(You will be contacted within next business day of receiving application)*

❑ Visa   ❑ MasterCard   ❑ American Express   ❑ Discover

Card Number _____

Expiration Date _____ Sec. Code _____

Card Holder's Signature _____

Membership in the Dayton Area Chamber of Commerce constitutes express permission for the chamber to transmit by fax, 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*_____