

Seneca Regional Chamber of Commerce & Visitor Services

19 W Market St, Ste. C

Tiffin, Ohio 44883



Investor Application

Investor Portfolio

Firm Name: _____ Year Est. _____

Physical Address: _____

City _____ State _____ Zip Code _____

Telephone: _____ Fax: _____

Website: _____ E-Mail _____

Parent Company: _____ Location _____

Business/Organization Classification—please list your product/service classification (yellow page listing) _____

Check here (optional) if you are a:

_____ Woman-owned business

_____ Exporting business

_____ Minority-owned business

_____ Young entrepreneur (age 35 and younger)

Contact Information

Main Representative: Mr. Ms. Dr.

_____ Title _____ E-mail: _____

Additional Contacts (maximum 3 contacts per business)

Second Representative: Mr. Ms. Dr.

_____ Title _____ E-mail: _____

Third Representative: Mr. Ms. Dr.

_____ Title _____ E-mail: _____

Payment Information—Refer to the investment schedule on the back of this form to calculate your investment.

Annual Investment of _____ + \$25 Processing Fee = \$ _____

Payment enclosed Check (Payable to Seneca Regional Chamber of Commerce) Visa MasterCard Discover American Express

Credit Card # _____ Exp. Date _____ Security Code _____

Cardholder Name _____ Signature _____

Membership Investment Schedule

Classification	Employees	Investment	
Financial	1-9	\$ 350.00	<p>Membership investments are based on employees each working 40 hours/week or a combination of employees totaling 40 hours. (i.e. Two part-time employees each working 20 hours/week equal one full-time employee.)</p> <p>Additional Business Discount</p> <ul style="list-style-type: none"> • Second Business receives 10% discount off applicable investment schedule. • Third Business receives 20% discount off applicable investment schedule. <p>A one-time \$25.00 processing fee is due with the first year investment.</p> <p>Investments are renewable on an anniversary date cycle.</p> <p>Number of Employees _____</p> <p>Classification: _____</p>
	10-19	\$ 700.00	
	20-29	\$ 985.00	
	30-39	\$1260.00	
	40+	\$1400.00	
Industrial/ Commercial/ Construction/ Restaurant	1-9	\$ 195.00	
	10-39	\$ 285.00	
	40-99	\$ 420.00	
	100-199	\$ 5 60.00	
Utilities	200-499	\$ 840.00	
	500+	\$1400.00	
		\$ 710.00	
Retail/	1-9	\$ 195.00	
Professional/	10-15	\$ 220.00	
Other	16-25	\$ 245.00	
	16-59	\$ 380.00	
	60-79	\$ 490.00	
	80+	\$ 840.00	
Retiree	1	\$ 50.00	

Investor Needs

Please take a moment to share with us your expectations of being an investor of the Seneca Regional Chamber of Commerce & Visitor Services. Please check all that apply.

Why did you join the Seneca Regional Chamber of Commerce & Visitor Services?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Networking Opportunities | <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Health Ins. |
| <input type="checkbox"/> Marketing Opportunities | <input type="checkbox"/> Referrals | <input type="checkbox"/> Exposure |
| <input type="checkbox"/> Benefits (please list) _____ | | |
| <input type="checkbox"/> Other _____ | | |

What types of Chamber Programming is your company looking for to help you succeed in business or help your business grow? (i.e. Business Planning, Advertising, Marketing, Customer Care, Other soft skill development, Computer applications)

1. _____
2. _____
3. _____
4. _____

Are you interested in any of the following promotional functions within the organization?

- | | | |
|--|--|--|
| <input type="checkbox"/> Ribbon Cuttings | <input type="checkbox"/> After Hours | <input type="checkbox"/> Seminars/Events |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Committee Involvement | <input type="checkbox"/> Ambassador Club |

Questionnaire
New Member Focus

Business Name: _____

When was the business started? _____

Description of the company: _____

Description of products offered or services performed: _____

Does the company have branch offices and where? _____

Please add any information you wish to add to the article, which will better inform members of your business/services:

**Please e-mail your company's logo to be printed in the newsletter.
Please send it in a jpg file to dmartorana@tiffinchamber.com.**

Please return this questionnaire with your Investor Application.