

ROOTSTOWN CHAMBER OF COMMERCE
P.O. Box 254
Rootstown, Ohio 44272

Please check one: Application for membership _____ Renewal of membership _____

The undersigned, appreciating the necessity for co-operative effort on behalf of the civic and commercial welfare of the Rootstown area, hereby applies for a new membership, or a continuing membership, in the Rootstown Chamber of Commerce, subject to the By-Laws and Constitution of this organization.

Name of Business: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Business Phone: _____ Residence Phone: _____

Fax: _____

Web Address: _____ Email Address: _____

Major Product(s) or Service(s): _____

Signature: _____

Please return the top portion of this form with your payment, made payable to the Rootstown Area Chamber of Commerce, by January 31, 2009 to the address at the top of this form.

The mission of the Rootstown Area of Commerce is:

- To promote the interest of its members and business in general
- To create a bond among existing businesses
- To promote new businesses
- To inform the public of existing and new businesses
- To form a liaison with government agencies, schools, and other community organizations
- To be a source of information about the community

Any person, firm, corporation, or other entity in compliance with the law, interested in furthering the mission, is welcomed and encouraged to become a member. A sole proprietor (even with no employees) is considered a business.

Meetings: 8:00 am on the second Tuesday of each month Training Room, Rootstown Fire Station-Unless otherwise noted

Fiscal Year: January 1 through December 31 2009

Dues: \$50.00 per year.

**Rootstown Area Chamber of Commerce
2009 Business Directory Information**

Please complete the form below so that your listing can be included or updated in the Business Directory that is being prepared to promote Chamber members. Your dues must be paid in full to be listed in the directory. We would like to have all the information ready to print by the end of February. **Return the completed form by January 31, 2009. To:**

Rootstown Area Chamber of Commerce

P.O. Box 254

Rootstown, Oh 44272

PLEASE PRINT CLEARLY

Business name: _____
(as you would like it listed in the directory)

Address: _____

Phone number to be listed: _____ Fax: _____

Email Address: _____

Web Address: _____

Name of contact person to be listed: _____

Directory listing to read: _____

Type of Business (**circle only 1**)

- | | | |
|---------------------------------|-----------------------------------|------------------------------|
| Accounting/Tax Service | Environmental | Newspaper |
| Advertising | Funeral | Personal & Business Services |
| Automobile Sales | Government Agencies | Photography |
| Automobile Service/Repairs | Health and Fitness | Promotional Items |
| Banking Services | Historic Preservation | Property Management |
| Barber Shop/Beauty Salon | Home Furnishings: Interior Design | Real Estate |
| Carpet Cleaning | Home and Garden | Rental Equipment |
| Computer Sales/Repair | Industry & Manufacturing | Restaurants |
| Contractors: Garage Doors | Insurance Services | Safety |
| Contractors: Masonry | Janitorial Services | Signs |
| Contractors: Remodeling/Repairs | Legal Services | Social Services |
| Education | Medical Services: Chiropractic | Transportation |
| Entertainment | Medical Services: Vision | Other(specify) |