



Please send form to:

Milan Chamber of Commerce
PO Box 544
Milan, OH 44846

Membership Form

Business Name: _____

Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Business Fax: _____

Business E-mail: _____ Business Website: _____

Date of Inception: _____ Number of Employees: _____

Membership Dues: \$60 (10 employees or less) \$110 (11 or more employees)

Method of Payment: Check Enclosed Credit Card

Brief Description of Business: _____
