## Application for Membership



Contact	Information						
Nan	ne:						
Con	mpany:				Title:		
$\operatorname{Add}$	lress:						
City	:				State:		Zip:
Bus	iness Phone:				Fax:		
E-m	aail Address:				Website:		
Alternat	te Company Design	nee					
Nan	me:				Dr.	Mr.	Ms.
Con	mpany:				Title:		
$\operatorname{Add}$	lress:						
City	:				State:		Zip:
Bus	. 101						
E-m	'1 A 11				337.1.4		
4 7	nt Eligibility						
Prin	ny Information ncipal Product or Act ock the Company's ap						
	Corporation Twitter Handle:		Partnership		Sole Proprietor Facebook		Individual
If you	ı were referred by so	meone,	please let us know!				
Apr	olicant's Signature				Date		
	_				Dute		
Fiered 1	Dues Schedule: Pl		X by the appropriate category	•	<b>4.77.</b>		
			Revenues of \$500,000 or less		\$575		
			Revenues of \$500,000 to \$1 r Revenues of \$1 million to \$5		\$1,000 : \$1,725		
		_	Revenues of \$5 million or mo		\$2,500		
			Public Agency/Non-Profit:	и С.	\$2,500 \$1,500		
		_	Tuble Agency/14on-11ont.		ψ1,000		
	Send Application to: N		County Economic Development C Email: <a href="mailto:spatterson@medinacou">spatterson@medinacou</a>				119, Medina, OH 44256
	Adding value t	o the M	edina County economic footprint	t through	h advocacy and develo	pment of	new opportunities