



Trotwood Chamber of Commerce
Membership Application

Business Name: _____ Date _____
Address _____ Phone Number _____
City _____ State _____ Zip Code _____
Email _____ Cell No. _____
Number of Employees _____ Brief description of your business _____
Contact Person _____ Title _____

DUES STRUCTURE

Special Tier	Membership Dues
Non-Profit 501c3 - \$100	1-5 Employees - \$199
Retired - \$100	6-15 Employees - \$249
	16-35 Employees - \$285
	36-100 Employees - \$385
	101 + Employees - \$590
	New members please add one-time processing fee of \$25

Payment Information – check appropriate payment type

Check enclosed Mastercard/Visa Discover American Express

Name (as it appears on your card) _____
Card Number _____ Exp.Date _____ CCV _____ ZC _____
Signature _____ Amount _____

Make check payable to Trotwood Chamber of Commerce, mail to 4000 Lake Center Drive, Trotwood OH 45426

To make a payment online: Click the secure link or Scan QR Code <https://tinyurl.com/28su7r5c>



Revised 1/2/26