

1. Would you prefer to receive the Alliance Newsletter via Mail Email
 2. Other contacts to receive newsletter and weekly email updates? (Provide names, titles and email address for each contact)

3. Additional business locations (within Hardin County) to be listed in the Membership online Directory:

4. Enhance online membership listing with your business logo for just \$25/year Yes No

5. We would like more information about
- Sponsorship of Alliance Events**
 - Advertising Opportunities**
 - Chamber Gold Gift Certificate Program**
 - Hardin County Safety Council Program**
 - Hardin County Ambassador**

By signing below, as a business or individual member, of the Hardin County Chamber and Business Alliance, I agree to abide by and conduct myself, my business and my employees in accordance with the stated HCCBA Code of Conduct. By not doing so, I understand that my membership may be suspended or revoked.

Signed: _____ Date: _____

Payments to the Hardin County Chamber and Business Alliance may be tax deductible according to IRS Section 501 (C) (6) as an ordinary and necessary business expense (some firms consider this to be an advertising expense.) Payments to the Alliance are not considered a charitable deduction.

For Alliance Office Use Only

Acknowledgment (initials/date) _____

Profile Completed (initials/date) _____

Membership Date _____ Invoice Month _____

Circle the appropriate category:

- | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| Accountants | Electronics | Music |
| Advertising | Employment | Newspapers |
| Agricultural | Energy | Nursing Homes |
| Ambulance Service | Environmental Consulting | Office Supplies & Equipment |
| Antiques | Exhaust Systems | Oils/Fuels |
| Apartments/Rentals | Flags/Flagpole | Optometrists |
| Appraisal Services | Florist | Painting & Decorating |
| Assisted Living | Flea markets | Pallets & Skids |
| Attorneys | Foundations | Pharmacy |
| Auto Sales | Funeral Homes | Photography |
| Auto Service | Furniture Rental | Pregnancy/Counseling |
| Bakery | Furniture/Upholstery | Printing Company |
| Banks/Financial Institutions | Garbage Collection | Professional Cleaning/Restoration |
| Beauty Salons | Gas Companies | Radio Stations |
| Bookstores | Gas Station | Real Estate/Realtors |
| Bowling | Genealogy Society | Restaurants |
| Buildings-Metal | Gifts & Collectibles | Senior Services |
| Buildings-Pole/Post Frame | Golf Courses/Pro Shops | Siding |
| Business Agencies | Government | Social Services |
| Cable Television | Granges | Stockbrokers |
| Cash Advance | Hardware-Glass & Paint | Stone Companies |
| Carpet Cleaning | Health Care-Physicians & Supplies | Supermarkets |
| Carpet/Floor Covering | Health & Fitness | Tack & Western Wear |
| Carry Outs | Health Department | Telephone Company |
| Catering/Planning | Heating & Cooling | Training Consultants |
| Cellular Phones/Pagers | Home Health | Travel & Tourism |
| Child Care | Hospice | Trucking Companies |
| Ceramics | Hospitals | Utilities |
| Chamber of Commerce | Independent Sales | Veteran's Organization |
| Chiropractors DC | Individual | Veterinary |
| Civic Clubs/Organizations | Insurance Companies | Warehousing/Distribution |
| Clothing & Shoes | Internet Providers | Industrial Services |
| Coffee Shops | Jewelers | Water Conditioning |
| Computer Sales/Service & Training | Labor Organization | Web Design |
| Concrete | Landscaping/Lawn & Garden | Wellness, Therapy |
| Construction | Law Enforcement | |
| Counseling | Library | |
| Dentists | Locksmith | |
| Department/Retail Stores | Lumber Companies | |
| Dry Cleaners | Management & Consulting | |
| Economic Development | Meat Processing | |
| Education | Monuments/Memorials | |
| Manufacturing/Industry | Motels | |
| Electric Companies | Museums | |

Additional categories may be used—contact Alliance staff for more information.

Multiple listings are available for \$25 per year, per listing (5 categories max)

Briefly describe your business and define any unique features that you would like us to share in our newsletter, press release website, or Social media.

HARDIN COUNTY CHAMBER & BUSINESS ALLIANCE

Membership Code of Conduct

As a member of the Hardin County Chamber and Business Alliance (HCCBA), I/we recognize that membership is a privilege and that a membership brings with it the responsibility to assure that all members understand and commit to the following membership undertaking.

The code of conduct shall, without limitation, require members to:

1. Conduct business and professional activities in a reputable manner to reflect honorably upon the business community.
2. Respect the reputation, profile and status of the Hardin County Chamber and Business Alliance, and represent the HCCBA accordingly.
3. Understand, support and promote the Vision and Mission of the HCCBA and co-operate with fellow members in the application of the Code of Conduct.
4. Whenever reasonably possible, participate in the functions and activities of the HCCBA, and promote the enhancement of business growth within Hardin County.
5. Observe the highest standards of ethics in rendering services and/or offering products for sale, based on the members own knowledge and expertise.
6. Refrain from engaging in any practices prohibited by law or seeking unfair advantage over fellow members.
7. Refrain from publicly disparaging the business practices of fellow members and refrain from condoning or engaging in misrepresentation or unethical practices.

I/we also understand that the failure to adhere to the professional and personal obligations of the Hardin County Chamber & Business Alliance, as outlined above, can result in the termination of my/our membership.



HARDIN COUNTY CHAMBER & BUSINESS ALLIANCE
225 S. Detroit Street, Kenton, OH 43326
Phone 419-673-4131 | Fax 419-674-4876

MEMBERSHIP APPLICATION

Business Member Name: _____

Member Contact: _____

Title: _____

-or-

Individual Member Name: _____

The undersigned hereby subscribes for the amount of (\$_____)Dollars to the Hardin County Chamber and Business Alliance. This application replaces all membership and sustaining fund subscriptions of prior date. The right is reserved to revise or cancel by written notice prior to the close of any annual period.

Please Select One:

_____ New Business Member _____ New Individual Member _____ Returning Member

Select one address for the online Membership Directory.

Business Address: _____

Mailing Address: _____

Billing Address: _____

Phone: _____ Fax: _____

E-Mail Address: _____ Web Site: _____

Number of Employees: _____ (part-time) _____ (full-time)

Length in time of business: _____ (year/month)

Select contact information that can be made public

Telephone number Fax number Email address Address