

Application Form:

MEMBERSHIP APPLICATION

Yes – Ja

**I want to become a member of
Swedish-American Chamber of
Commerce - Ohio**

My selection:

- Sponsorship \$ 2,500 ≤ 5 Names
- Corporate \$ 1,500 ≤ 5 Names
- Business /
Institutional \$ 225 ≤ 2 Names
- Individual \$ 45 = 1 Name
- Student \$ 10 = 1 Name

Please find enclosed my check # _____
made out to SACC-Ohio. Date: _____

Business Name: _____

Address: _____

City, State/Zip: _____

Phone: _____

My Name: _____

My Phone: _____

My Email: _____

2nd Name: _____

2nd Phone: _____

2nd Email: _____

3rd Name: _____

3rd Phone: _____

3rd Email: _____

Mail to:

Swedish-American Chamber of Commerce - Ohio
P.O. Box 81242
Cleveland, OH 44181

Do not forget to include your check.

Add sheets for additional names.



Cultivating Swedish-American Business