

Welcome to the Dayton Chapter of PAHCOM!

We appreciate your interest in becoming a Corporate Member of our Chapter. As a member, your company's information will be distributed among our professional members showing your support of our chapter. You will be provided with our membership contact list as well. You may designate up to 4 representatives to participate in PAHCOM activities. However, due to the size of our meeting room, please have only one or two members in attendance at each meeting.

Corporate Member Dues: \$100.00
Membership is for 2018 and is valid for one calendar year.

****MEMBERSHIP PLEDGE****

I agree to promote the professionalism of the Dayton Area Chapter of PAHCOM and to further support the Association by offering state-of-the-art services and/or supplies to the Dayton Area Chapter of PAHCOM members.

Please complete the following information:

Date: _____

Company/Organization: _____

Company Specialty: _____

Company Representatives (limited to 4) who may participate in our activities:

_____ (Primary Contact)

Mailing Address: _____

City/State./Zip: _____

Phone: () _____ Fax: () _____

Primary Contact Cell Ph#: _____

Primary Contact E-Mail: _____

Is your company a National PAHCOM member? Yes No

Would your company like information about becoming a National member? Yes No

Please return this completed application along with your \$100.00 check to:
Dayton Area Chapter of PAHCOM
Attn: Membership Director
P.O. Box 293037
Kettering, OH 45429

***ALSO.....Please send your company logo (.jpg or pdf format) to Alicia Overman at agofficemgr@zoomtown.com so that we can create a link to your company website via our Sponsor page at www.daytonpahcom.com.

WE APPRECIATE YOUR MEMBERSHIP AND SUPPORT. THANK YOU!

Jan 2018