



*Darke County's Premier Source for
Business and Community Development*

DARKE COUNTY CHAMBER OF COMMERCE

Membership Application

Company Name _____

Mailing Address _____

Business Address (if different) _____

City, State, Zip Code _____

Phone: _____ Fax Number: _____

E-Mail: _____ Website: _____

Representative: _____

I wish to participate in the Chamber Gift Certificate Program _____ Yes _____ No

I would like further information about these Member Benefit Programs:

_____ Workers Compensation Group Rating Pool Program _____ Healthcare Benefits

_____ Promotional Mailings _____ ApproRx Prescription Savings Card

_____ Educational Seminars & Webinars _____ Darke County Safety Council-
Workplace Safety Education

_____ strategic HR inc. – Human Resources _____ Darke County Human Resources Council -
Management Firm Education and Training

Would you prefer receiving Chamber communications via:

_____ E-mail _____ Fax _____ U.S. Postal Service

The Chamber has an electronic Membership List on its website, www.darkecountyohio.com

_____ I would like to establish a free link from the Chamber's website to my website.

My URL is: _____

Provide information about type of business: _____

_____ Number of full-time employees _____ Number of part-time _____ Annual Gross Sales

Would you be interested in serving on any Chamber of Commerce Committee? _____

I have enclosed my annual investment fee of \$_____.

I wish my investment charged to my Visa / MasterCard (circle one).

Account # _____ Exp. Date _____ 3-Digit CVV2 Code _____ Please bill me _____

"I understand that membership in the Darke County Chamber of Commerce constitutes my express invitation or permission for the Chamber to transmit by telephone facsimile machines to the number(s) I've provided above, e-mail or written materials, including but not limited to those relating to property, goods, services, events, meetings or notices, and the availability thereof. I also understand that these will be published in the Chamber's membership directories, excluding those I've checked in the following: _____ Phone _____ Fax Number _____ E-mail Address

Signature _____ Date _____



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Darke County Chamber of Commerce

Code of Conduct for Members

Mission Statement:

“To promote business and community development, advocate legislative issues and foster partnerships.”

As a Member of the Darke County Chamber of Commerce, 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 so as to reflect honorably upon the business community;
2. Respect the reputation, profile and status of the Darke County Chamber of Commerce, and represent the Chamber accordingly;
3. Understand support and promote the Vision and Mission of the Darke County Chamber of Commerce and co-operate with fellow members in the application of this Code of Conduct;
4. Whenever reasonably possible, participate in the functions and activities of the Chamber, and promote the enhancement of business growth within Darke 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; and
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 Darke County Chamber of Commerce, as outlined above, and defined in the Chamber Bylaws, can result in the termination of my/our membership.