



Human Services Chamber
of Hamilton County

2018 Membership Application

HUMAN SERVICES CHAMBER MISSION STATEMENT

The Human Services Chamber is a collaborative effort to advocate for creating and sustaining a business climate conducive to optimal business performance and maximum community impact from the human services sector so that the community realizes the full economic and social benefit.

The Human Services Chamber of Hamilton County serves as the “collective voice” and advocate of the human services sector of Hamilton County, Ohio. As such, the Chamber provides leadership to improve the business climate for nonprofit businesses.

- a) In carrying out its mission, the primary goals of the Chamber are:
 - To act as the recognized “voice of the sector;”
 - To foster communication and collaboration with businesses, organizations, elected officials and other key stakeholders that interface with issues of human services;
 - To offer researched data demonstrating the economic and social impact and effectiveness of Hamilton County human services organizations;
 - To shape public policy positions that advance the provision of effective human services and increase funding for same;

- b) The Chamber will engage in any or all of the following activities:
 - To inform and educate policymakers, funders, donors, business leaders and the general public of the economic and social impact of human services providers in Hamilton County;
 - To identify key issues of greatest impact to creating and sustaining high performance/maximum community impact of the human services sector;
 - To advocate for creating and sustaining a business climate most conducive to support optimal economic and social impact for the benefit of the entire community; and
 - To coordinate and facilitate timely information exchange to the members concerning policies affecting various constituencies with the human services and related fields.

CONTACT INFORMATION

Executive Director/ CEO: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Website: _____

(application continued on reverse)



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MEMBERSHIP DUES (Based on your organization's current operating budget.)

- | | |
|---|--|
| <input type="checkbox"/> Under \$1 Million: \$300 | <input type="checkbox"/> \$1 Million-\$3 Million: \$1,000 |
| <input type="checkbox"/> \$3 Million-\$5 Million: \$1,500 | <input type="checkbox"/> \$5 Million-\$10 Million: \$2,000 |
| <input type="checkbox"/> Over \$10 Million: \$2,500 | |

COMMITTEE INTEREST

How would you be interested in serving the Human Services Chamber? *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Public Policy Committee | <input type="checkbox"/> Programs/Communications Committee |
| <input type="checkbox"/> Membership Committee | |

PAYMENT DETAIL

- Invoice me for the full amount
- Invoice me semi-annually

Please return or direct any questions to Gina Marsh, ginamarsh@humanserviceschamber.org or (513) 623-6208. You will be invoiced after your application is received and processed. Once your payment is received, you will begin receiving the weekly Member Update with information on ways to become involved in HSC.

Thank you for your interest in HSC Membership!