



# Membership Application

Business Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Mailing Address (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Main Business Phone Number: \_\_\_\_\_  
 Referred for membership by: \_\_\_\_\_

### Contacts

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Secondary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Other email addresses for associates who should receive correspondence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Company Information

Number of employees as of January 1: \_\_\_\_\_ Full time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
 Date Business was Founded: \_\_\_\_\_ Opening date: \_\_\_\_\_ Ribbon cutting needed: \_\_\_\_\_  
 Services provided: \_\_\_\_\_  
 \_\_\_\_\_  
 Hours of Operation: \_\_\_\_\_  
 \_\_\_\_\_  
 Other locations: \_\_\_\_\_  
 Additional information: \_\_\_\_\_

### Payment Information

Dues Amount: \$ \_\_\_\_\_ for a membership in effect from \_\_\_\_\_ to \_\_\_\_\_  
 Payment by:  Check  Invoice  Credit (call 248-8131 to provide information or visit office for processing)  
 After your first full year of membership, an invoice will be mailed to you for annual renewal in November.

If you need additional information, contact the Whitley County Chamber of Commerce by calling 260-248-8131, email [office@whitleychamber.com](mailto:office@whitleychamber.com) or mail this form to:

**Whitley County Chamber of Commerce & Visitors Center**  
**PO Box 166, Columbia City, IN 46725**

For office use only: CC _____ Excel _____ Web site _____ Brochure _____ QB _____ Letter _____
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