



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 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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