



Membership Application

I WANT TO JOIN!

() My Check is enclosed (*Checks payable to Wakarusa Chamber of Commerce*)

(Please Print)

Company Name _____

Contact Person Name _____

Title _____

Address _____

City, State, Zip _____

- *Please indicate if billing address is different*

Telephone _____ Fax _____

E-Mail Address _____

Web Site Address _____

Type of Business _____

Number of Employees: (*Full Time*) _____ (*Part Time*) _____ (*Seasonal*) _____

Dues Investment (*See Schedule below*) _____ Check Number _____

Date Received Membership Dues _____ Received by _____

Investment Schedule*

Individuals or Associations with no Employees	\$ 30.00
Employers of 1-50 Employees	\$ 60.00
Employers of 51-100 Employees	\$110.00
Employers of 101-200 Employees	\$210.00
Employers of 201-300 Employees	\$310.00
Employers of more than 300 Employees	\$510.00

*Additional \$25.00 fee per year for those outside Elkhart County

Cling _____
Newsletter _____
Web _____
Database _____

New Member Information Sheet for Newsletter:

Brief History of your business:

Brief 25 word description of your products and/or services to be listed on website:

Special characteristics of your business:

Hopes and dreams for your community and business:

What can the Chamber do for you?

Would you like the Chamber to host a ribbon cutting ceremony? ___ Yes ___ No

THANK YOU FOR JOINING THE TEAM!!!

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