



# Wheatfield Chamber of Commerce

P. O. Box 183, Wheatfield, Indiana

## Application for Membership

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Name 2: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Email address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Business Type: \_\_\_\_\_

Specialties: \_\_\_\_\_

### Hours of Operation:

Sunday: \_\_\_\_\_ to \_\_\_\_\_

Thursday: \_\_\_\_\_ to \_\_\_\_\_

Monday: \_\_\_\_\_ to \_\_\_\_\_

Friday: \_\_\_\_\_ to \_\_\_\_\_

Tuesday: \_\_\_\_\_ to \_\_\_\_\_

Saturday: \_\_\_\_\_ to \_\_\_\_\_

Wednesday: \_\_\_\_\_ to \_\_\_\_\_

### Chamber membership:

Employers who are Non-profit and/or have 10 employees or less - \$100.00

Employers who have 11 employees or more - \$175.00

### Please make checks payable to:

Wheatfield Chamber of Commerce, P. O. Box 183, Wheatfield, IN 46392