



Wheatfield Chamber of Commerce

P. O. Box 183
Wheatfield, IN 46392

Application for Membership

Date: _____

Company Information

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