

Chamber Membership Application

Company Name	
Your Name	Title
Street Address	PO BOX
City, State	Zip
Office Phone	Cell Phone
Website	Email
Type of Business	# FT Employees _____ # PT Employees _____
Mailing Address if Different from Above	

I understand that membership in the Wyandot Chamber of Commerce constitutes my permission for the chamber to transmit by telephone/email to the numbers/email address I have provided above, email or written materials including but not limited to those relating to property, goods, services, events, meetings, or notices and the availability thereof. I also understand that these will be published in the chamber's membership directories.

Signature: _____ **Date:** _____

Standard Investment

Number of Employees	Annual Investment
Entrepreneur 1-2	\$195
Small Business 3-10	\$210
Established Business 11-15	\$250
Sustaining Business 16-25	\$350
Pillar Business 26-50	\$445
Anchor Industry/Utilities	\$555
Non-Profit Organization	\$150
Non-Profit Group	\$125
Private Individuals	\$100

**Based on Full-Time employees or equivalent. **

Amount Due: _____

Payment Enclosed

Send an Invoice

Please note if you sign up for membership during the year call the office for a prorated amount due