



Website: www.hobartchamber.com
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Tel: 219-942-5774

1001 Lillian Street
Hobart, Indiana 46342

Membership Application

Table with columns: Number of Employees, Annual Dues\*, Number of Employees, Annual Dues\*. Includes rows for employee counts (1-5 to 16-25) and membership types (Non-Profit Organization, Associate Member).

JOIN A CHAMBER COMMITTEE:

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

Awards Ceremony \_\_\_\_\_

Business Expo \_\_\_\_\_

Golf Outing \_\_\_\_\_

Ambassador \_\_\_\_\_

Family Fun Day \_\_\_\_\_

Marketing \_\_\_\_\_

Mailing Address: \_\_\_\_\_
Physical Address: (If different from above) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Type of Business Classification Listing for Business Directory: \_\_\_\_\_

No. of Full-Time Employees: \_\_\_\_\_ (2 Part-Time Employees = 1 Full-Time Employee)

Annual Dues: \$ \_\_\_\_\_

Method of Payment: [ ] Check [ ] Invoice [ ] Visa [ ] Mastercard

Make Check Payable To: Hobart Chamber of Commerce

Complete the section below if you are paying by credit card.

Cardholder Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_