

GOSHEN CHAMBER APPLICATION

HOW DID YOU HEAR ABOUT THE GOSHEN CHAMBER? _____

COMPANY INFORMATION

Company Name _____

Mailing/Billing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Website _____

Company E-mail _____

Company Social Media Sites _____

Main Contact _____ Title _____

E-mail _____

Additional Representatives _____

Date Company Established Locally _____

DUES COMPUTATION

Number of Employees (FTE)* _____

\$ 360 for the first 5 employees _____

\$ 11 each for the next 20 employees _____

\$ 10 each for the next 30 employees _____

\$ 2.50 each for all employees from 55-1,000 _____

\$ 1.00 each for all employees over 1,000 _____

Enrollment fee _____ **\$30.00**

TOTAL DUES** _____

**For purposes of dues computation, three part-time employees equal one full-time employee.*

***97% of your membership dues are deductible as a necessary business expense.*

Continue on reverse

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METHOD OF PAYMENT

Annual Payment

Monthly Bank Draft

Bank Draft requires voided check or deposit slip

Discover

Master Card

Visa

Card Number _____ CVV _____

Credit Card Billing Address (if different) _____

Expiration Date _____ Signature _____

Company Check

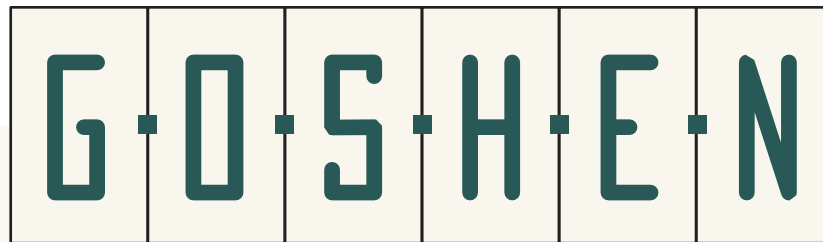
Amount of Enclosed Check _____

MEMBERSHIPS AVAILABLE

Non-Profit Organization Membership: Half of the regular dues

Associate Membership: \$59 for retired individuals

Description of Your Organization/Business _____



C H A M B E R O F C O M M E R C E

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