



Website: www.hobartchamber.com
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1001 Lillian Street
Hobart, Indiana 46342

Membership Application

Table with 4 columns: Number of Employees, Annual Dues*, Number of Employees, Annual Dues*. Includes rows for employee counts (1-5, 6-10, 11-15, 16-25, 26-50, 51-100, Over 100) and membership types (Non-Profit Organization, Associate Member). Includes a note: *Based on Full-Time Employees (2 Part-Time Employees = 1 Full-Time Employee)

Date: _____

Mailing Address: _____

Company: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Telephone No.: _____ Fax 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: _____
Authorized Signature: _____

