

Membership in the Wharton Chamber of Commerce & Agriculture is open to any individual, organization or business of good standing and character interested in the continued community and economic growth of the Wharton area. New memberships are to be paid one year in advance upon joining. Billing after one year's membership may be done on an annual or semiannual basis.



Check which best describes your business?

- | | |
|---|---|
| <input type="checkbox"/> A Retail | <input type="checkbox"/> I Professional |
| <input type="checkbox"/> B Consulting | <input type="checkbox"/> J Financial Institutions |
| <input type="checkbox"/> C Construction | <input type="checkbox"/> K Non-profits, charities, civic |
| <input type="checkbox"/> D Financial Advisor/Investments | <input type="checkbox"/> L Individuals |
| <input type="checkbox"/> E Media/Printing | <input type="checkbox"/> M Apartments/Lodging |
| <input type="checkbox"/> F Amusement/Entertainment | <input type="checkbox"/> N Developers |
| <input type="checkbox"/> G Transportation | <input type="checkbox"/> O Utilities |
| <input type="checkbox"/> H Wholesale | |

Investment Schedule

| A to I: | J to O: |
|--------------------------------|---|
| 1-10 employees.....\$150 | J (Financial Institutions).....\$750 |
| 11-25 employees.....\$200 | K (Not-for profit*, charities, civic).....\$100 |
| 26-50 employees.....\$325 | L (Individuals)\$85 |
| 51-100 employees.....\$450 | M (Apartments/Lodging).....\$250 |
| 101-199 employees.....\$550 | N (Developers).....Negotiable |
| 200 plus employees.....\$1,250 | O (Utilities).....\$1,500 |

I hereby apply for membership in the Wharton Chamber of Commerce & Agriculture and agree to abide by the by-laws of the Chamber. I understand that my yearly dues investment will be \$_____ and will be due and payable with this application and each yearly anniversary thereafter.

Signed,

*Schedule A-1 applies to not for profits competing with private businesses.

WHARTON CHAMBER OF COMMERCE & AGRICULTURE – MEMBERSHIP APPLICATION

Business or Organization Name _____

Designated Representative _____

Mailing Address _____

Physical Address _____

Phone _____

City, State, Zip Code _____

Fax _____

Email _____

Website _____

Invoice attention of: _____

Number of Full-time Employees _____ Part-time Employees _____

Description of Services _____

Date Business Established _____ Business Classification _____

Office Only

6-30-15

Membership chair signature _____

Board chair signature _____ Date board approval _____