

**WCCOC Use Only**

Date Received: \_\_\_\_\_  
Packet Mailed: \_\_\_\_\_  
By (Initials): \_\_\_\_\_

**Membership Application**

Company Name \_\_\_\_\_  
*(If you are a non-profit organization, please call the Chamber office for additional information.)*

Contact Person Mr. Mrs. Ms. Dr. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Web Site Address \_\_\_\_\_

Work Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Type of Business \_\_\_\_\_

**Directory Address** *(List address below to be published in the Membership Directory if different than above)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did a Chamber member refer you? \_\_\_\_\_  
*Chamber Member Name/Company*

**Investment Calculation**

1. ~~Number of full-time employees~~ \_\_\_\_\_
2. Number of part-time employees  
*(if odd number, drop to even number)* \_\_\_\_\_
3. Total Number of employees *(add lines 1 and 2)* \_\_\_\_\_
4. Multiply the total number of employees by \$3.00  
*(up to 100 employees)* \_\_\_\_\_
5. Multiply number of employees over 100 by \$1.75 \_\_\_\_\_
6. Annual Base Dues \$ 200.00
7. Total Annual Investment *(add lines 4, 5, and 6)* \$ \_\_\_\_\_

**Please send application along with check or money order made payable to:**

Washington County Chamber of Commerce  
Washington Trust Building  
20 East Beau Street  
Washington, PA 15301

*We accept Visa and MasterCard*

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_