

WCCOC Use Only

Date Received: _____
 Packet Mailed: _____
 By (Initials): _____

Membership Application for Non-Profits

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 \$2.50
(up to 100 employees) _____
5. Multiply number of employees over 100 by \$1.50 _____
6. Annual Base Dues \$ 155.00 _____
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 _____

**For additional information on ChamberChoice (health plans for all businesses)
 contact Laurel A. Swartzwelder at 1-800-377-3539, Extension 757.**