

Waynesburg Area Chamber of Commerce

143 East High Street, Waynesburg, PA 15370 724-627-5926 * 724-627-8017 fax info@waynesburgchamber.com www.waynesburgchamber.com

MEMBERSHIP APPLICATION

Company Name:					
Contact Person: _MrMsMrs			Title:		
Mailing Address:					
City:		State:	Zip:	+	
Physical Address, if differe	nt:				
Telephone Number:	elephone Number: Fax Number:				
Email Address:	Web Site:				
Type of Business:					
Number of Full Time Empl	oyees:	Number of Part	Time Employees:		
Preferred method of newsle	etter delivery:	postal mail	email	both	
Amount Enclosed: \$	Referred	d by:		(if applicable)	
Please email an electronic vused to announce your men				er.com to be	
		UAL DUES - January 1 treceive a pro-rated bill for		r dues	
BUSINESSES, PROFESSION		ERVICES, ETC.			
Sole Proprietor 0-5 employees 6-10 employees 11-20 employees 21-50 employees 51-100 employees	\$100.00 \$125.00 \$145.00 \$180.00 \$225.00 \$300.00	Financial Institution Church Hospital Government Agent Non-Business Indi	cy/Elected Official	\$450.00 \$75.00 \$450.00 \$150.00 \$50.00*	
101-150 employees 151-200 employees Over 201 employees	\$300.00 \$375.00 \$425.00 \$500.00	Health Care Facilit		\$360.00	

CLUBS AND ORGANIZATIONS (Non-Profit)

0-5 employees \$100.00 6-20 employees \$125.00 Over 21 employees \$150.00

^{*} No business names is attached to Non-Business Individual membership.