



2025 Application for Membership

PLEASE PRINT: Application Date _____

Organization Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Website _____

Facebook _____

Please confirm details above may be on website and in printed directory. Yes No (comment changes as needed)

Primary Contact _____

Title _____

Phone _____ Email _____

Business Category Listing (1): _____

Business Category Listing (2): _____

(For category examples visit our website www.HancockINChamber.org, click on Business Directory Tab)

Date Company Established: _____

Please list any additional email addresses who should receive the Chamber's weekly newsletter.

Membership in the Hancock County Chamber of Commerce constitutes express permission for the Chamber to transmit to the numbers & information provided, through email or written materials, including but not limited to those relating to goods, services, meetings or notices thereof. The signature below indicates understanding of the above and request for membership.

I hereby authorize Hancock County Chamber of Commerce to publish any photographs taken of me, and my name, for use in the Hancock County Chamber of Commerce printed publications, website, and social media.

Applicant's Signature

Employees	Annual Investment
1 - 4	\$225
5 - 9	\$275
10 - 14	\$345
15 - 24	\$395
25 - 49	\$625
50 - 99	\$1,000
100 - 249	\$1,250
250 - 499	\$1,900
500 & above	\$2,500

** Based on forty hour full-time.
Two part-time employees will equal one full time employee.

In compliance with federal law, 100% of your dues are deductible as a business expense.

Non-profit Organizations \$155 (must have a 501(c) designation to qualify).

Partners/Associates - (Accounting, Legal, Doctors, Dentists)
Base rate (\$225) plus \$100 for each additional professional or owner.

Real Estate Offices - Base rate (\$225) plus \$125 per additional owner. Also, \$100 per broker to be listed on web and in directory.

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

Total Investment \$ _____

Billing Contact (if different)

Billing Address (if different)

City _____ State _____ Zip _____

Phone _____

Credit Card Payment Information	
Card Number	_____
Exp. Date	_____ CCV Code: _____
_____ Card Holder's Signature	

Mail application and payment to:
Hancock County Chamber of Commerce
One Courthouse Plaza, Greenfield, IN 46140

Checks made payable to Hancock County Chamber of Commerce