



219 Market St Suite1A – Mount Carmel, IL 62863
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Membership Application

_____ Company Name	_____ Address	
_____ Contact Person	_____ City	
_____ Telephone Number	_____ State	_____ Zip
_____ Fax Number	_____ E-mail Address	

Website

Mark all that apply: Facebook Flickr Google + Instagram LinkedIn
 Pinterest Tumblr Twitter YouTube Yelp

Number of Employees _____

Invoice: Check one - Quarterly _____ Semi-annually _____ Annually _____

As an active member of the Wabash County Chamber of Commerce I agree to abide by the constitution and bylaws of the Wabash County Chamber of Commerce and further agree to always conduct my business according to the highest business ethics. I further understand that I shall continue as a member in good standing except:

- 1) I should ever be guilty of malpractice in business.
- 2) Non-payment of investment.
- 3) A letter of resignation submitted by the undersigned. I understand that the Wabash County Chamber of Commerce is a corporation established for the primary purpose of advancing the economic and general well-being of the entire community.

Date

Signature of Member

Turn Over for Categories

TOGETHER WE BUILD A GREATER WABASH COUNTY