Please check one:	MEMBERSHIP APPLICATION	Date	
☐ Active Business employees	☐ Corporate I: 50 or more employ	yees Corporate II: fewer than 50	
☐ Active Professional	Associate (Proof with ID: Stude	☐ Associate (Proof with ID: Students, US Veterans, Senior Citizen 65+)	
COMPANY NAME:		_ATTN:	
ADDRESS:			
	STATE:		
BUSINESS PHONE:	WEBSITE:	WEBSITE:	
E-MAIL:			
CONTACTS:			
INDIVIDUAL MEMBER			
NAME:	ADDRESS:		
CITY:	STATE:	ZIP:	
HOME PHONE:	WEBSITE:		
E-MAIL:			
PLACE OF EMPLOYMEN	NT:		
CITY:	STATE:	ZIP:	
Please indicate how you wo	ould like to receive information: E-MAIL:	FAX: U.S. MAIL:	
Annual membership level:		oof of ID: Students, Veterans & Senior Citizen 65+)	
	Active Professional \$50.00 Active Business \$75.00 Corporate II: fewer than 50 employees Corporate I: 50 or more employees	\$100.00 \$250.00	
Check enclosed for \$			
Make check payable to: GF	WHCC Mail to P.O Box 11852 Fort Wayne	e. IN 46861-1852	

ADDITIONAL INFORMATION: Please see Reverse Side



YOUR BUSINESS SHOULD BE LISTED UNDER THE FOLLOWING CATEGORIES (Please check the one that most closely applies)

☐ Accounting	☐ Advertising / Marketing	
☐ Architects	☐ Attorney / Law Firms / Legal Resources	
☐ Auto Manufacturing / Distribution	☐ Banks, Credit Unions & Lending	
☐ Business Consulting	☐ Cleaning Services	
☐ Communications Management	☐ Computers / Computer Services	
☐ Education	☐ Employee Benefits	
□ Equipment	□ Export	
☐ Financial Services	☐ Food Manufacturing / Distribution	
☐ General members (no business)	☐ Government	
☐ Grocery Stores / Supermarkets	☐ Healthcare	
☐ Heating & Air Conditioning	☐ Human Resources	
☐ Insurance	☐ Investigations	
☐ Manufacturing (non-food)	☐ Media / Publishing	
□ Non-for-Profit	☐ Personal Care (example – beauty salon)	
☐ Real Estate & Read Estate Services	☐ Restaurants	
□ Retail	☐ Retirement Plans	
☐ Stock Brokers	☐ Tax Services	
☐ Translation Services	☐ Utilities	
☐ Other		
Briefly describe your business:		