Wapakoneta Area Chamber of Commerce

Join the Chamber

Tell us about your organization and the people we should contact. A Chamber staff member will follow up to confirm your membership and payment.

* Required field. Blank paper form - complete the fields below.

Organization information

Organization name *

Organization type *

Choose the closest description; staff can adjust it during review.

Select one.

☐ Company
☐ Business
☐ Organization
☐ Non-Profit
☐ Government
☐ Individual
☐ Other

Business phone *

Directory email *

This is the email staff may use for your listing after approval.

Website

Street address *

Address line 2

City *

State *

ZIP code *

Mailing street address

Mailing address line 2

Mailing city

Mailing state

Mailing ZIP code

Membership information

Membership category *

Staff will confirm the current investment level with you.

Select one.

☐ Small Business
☐ Large Business
☐ Health Care
☐ Financial Institution
☐ Utilities
☐ Professional
☐ Home-based Business
☐ City / County / School
☐ Non-Profit Organization
☐ Friend of the Chamber

Number of employees, beds, or professionals *

Use the measure that applies to your membership category.

How would you like to pay membership dues? *

No payment is due now. Staff will confirm the amount and contact you with an invoice or payment instructions.

Select one.

☐ Pay online by card or bank after Staff approves my dues amount

☐ Pay by check after Staff approves my dues amount

What can the Chamber help you with?

Select all that apply.

☐ Networking
☐ Promotion & Marketing
☐ Workforce Development
☐ Resources & Savings
☐ Community Connection

Directory information

Short profile summary

This appears near the top of an approved Member Profile.

Full profile description

This will remain private until staff approves your directory listing.

Facebook URL

LinkedIn URL

Instagram URL

YouTube URL

Alternate or commonly used names

Helps visitors find you if they search for a former, shortened, or commonly used name.

Services

List the services customers may search for.

Products and offerings

List products or offerings customers may search for.

Do you accept ChamberBucks?

Select one.

☐ Yes

☐ No

Upload Logo *

Required. Upload a PNG, JPG, or WEBP logo for staff review.

Attach a paper copy.

Upload Cover Photos

Optional but recommended. Upload up to four photos of your location, team, work, or products for the public Member Profile.

Attach a paper copy if you wish.

Membership categories

Select all that apply

Select all that apply.

☐ Advertising & Marketing

☐ Agriculture

☐ Automotive & Transportation

☐ Arts, Culture & Entertainment

☐ Fitness Centers

☐ Personal Care & Services

☐ Finance & Insurance

☐ Pet & Veterinary Services

☐ Tourism & Lodging

☐ Manufacturing & Industry

☐ Service Clubs

☐ Healthcare

☐ Real Estate & Rentals

☐ Childcare

☐ Business Services

☐ Computers & Technology

☐ Construction & Contractors

☐ Education

☐ Landscaping

☐ Religious Organizations

☐ Legal

☐ Restaurants & Catering

☐ Government

☐ Photography & Videography

☐ Utilities

☐ Non-Profit Organizations

☐ Shopping & Retail

Primary contact

First name *

Last name *

Title

Phone *

Email *

Additional contact (optional; copy this section for more contacts)

First name *

Last name *

Title

Phone *

Email *

Privacy

Your application is used to evaluate membership and prepare your private Chamber record. It will not appear in the public directory until Chamber staff has confirmed payment and approved the listing.

Returning this paper form

Return this completed form to the Chamber.

Mail to:
PO Box 208
Wapakoneta, OH 45895

Drop off at the Chamber office:
30 E Auglaize Street
Wapakoneta, OH 45895

Email a scanned copy to:
chamber@wapakoneta.com