

COMPANY NAME:							
Primary Contact:				Title:			
Primary Contact Phone:				Primary Contact Email:			
Physical Address:				City State ZIP:			
Mailing Address:				City State ZIP:			
Phone:				Fax:			
General Email:				Website:			
ADDITIONAL REPS: Please list those in your organization you would like to receive e-mail correspondence on Chamber events.							
Name/Title:		Title:		Email:		Direct Phone:	
DIRECTORY LISTING: Category your business will be displayed in on the Website and the Membership Directory. (Yellow Page Listing)							
Primary Category:							
Secondary Category:							
ANNUAL MEMBERSHIP INVESTMENT GUIDE: Check the box below for the category in which you qualify.							
# of Employees	Dues Investment	# of Employees	Dues Investment	# of Employees	Dues Investment	# of Employees	Dues Investment
<input type="checkbox"/> 0 – 2	\$210	<input type="checkbox"/> 20 – 29	\$433	<input type="checkbox"/> 100 – 149	\$947	<input type="checkbox"/> 350 – 399	\$1,803
<input type="checkbox"/> 3 – 5	\$251	<input type="checkbox"/> 30 – 39	\$517	<input type="checkbox"/> 150 – 199	\$1,128	<input type="checkbox"/> 400 – 449	\$1,979
<input type="checkbox"/> 6 – 9	\$292	<input type="checkbox"/> 40 – 49	\$602	<input type="checkbox"/> 200 – 249	\$1,292	<input type="checkbox"/> 450 – 499	\$2,150
<input type="checkbox"/> 10 – 13	\$333	<input type="checkbox"/> 50 – 74	\$688	<input type="checkbox"/> 250 – 299	\$1,461	<input type="checkbox"/> 500+	\$2,233 plus \$1 each employee over 500
<input type="checkbox"/> 14 – 19	\$376	<input type="checkbox"/> 75 – 99	\$776	<input type="checkbox"/> 300 – 349	\$1,634		
<input type="checkbox"/> Charitable Organizations: Civic Groups, Clubs, Foundations, Churches, etc.					\$200 per year		
<input type="checkbox"/> Affiliates: Non-voting employee, broker or retiree of a Member business					\$100 per year		
<input type="checkbox"/> Banks, Savings Banks & Credit Unions: \$32 per million in deposits/savings on the first \$100 million. \$8 per million on deposits beyond \$100 million.							
PAYMENT INFORMATION							
<input type="checkbox"/> Check Enclosed		<input type="checkbox"/> VISA		<input type="checkbox"/> MasterCard		<input type="checkbox"/> American Express	
Card #:				Expiration Date:			
Name on Card:				Security Code:			
I hereby authorize the West Bend Area Chamber of Commerce to have \$ _____ amount charged to my credit card.							
Signature:				Date:			
Membership Dues are Non-Refundable. Chamber dues are not tax deductible, and are classified as an ordinary and necessary business expense subject to the restrictions imposed as a result of our lobbying activities. We estimate the portion of dues allocated to lobbying is 5%. Fed ID: 39-1140681							
PLEASE RETURN THIS FORM VIA FAX OR MAIL TO THE ADDRESS BELOW.							