



Chamber of Commerce Membership Application

What type of Chamber Membership are you applying for? Check one.

(See back for explanation)

Regular Membership Large: _____

Regular Membership Small: _____

Associate Membership: _____

Friend of Chamber: _____

Business Information (Please PRINT clearly—Thank you!)

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) ____ - ____ Business Fax: (____) ____ - ____

Business Email: _____

Business Website: https:// _____

Is the Business Address the Same as Your Billing Address? (Check one) YES _____ NO _____

If no, please add billing address: _____

City: _____ State: _____ Zip: _____

Primary Contact - Name: _____

Title: _____ Cell phone#: (____) ____ - ____

Best way to contact you? (Check all that apply): Phone: _____ Text Message: _____ Email: _____ Fax: _____

Are You on Social Media? (if so, please list social media addresses below - Thank you!)

Facebook: _____

Twitter: _____

Instagram: _____

Pinterest: _____

LinkedIn: _____

SnapChat: _____

Reddit: _____

Google Business: _____

YouTube: _____

Other (Includes Blogs & Vlogs): _____

Turn over to Next Page ...

[illegible]

- **Regular Membership - *Large Business*:** Firms, Corporations, Large Business/Manufacturers, Government Agency or Educational Institutions..... **\$150.00.**
- **Regular Membership - *Small Business*:** Small Business Retail, Family-owned **\$100.00.**
- **Associate Membership:** Non-profits, Service Clubs/Organizations, Religious Organizations.....**\$50.00.**
- **Friend of the Chamber:** Individual**\$25.00.**
- **Additional Memberships:** One membership per Tax I.D. number, second business by same owner... **\$50.00.**

Reminder: Dues paid are not tax deductible as a charity. Dues paid are a business expense.

- Please make out your check to: "WACC" or "Weyauwega Area Chamber of Commerce."
- Mail your application & payment to: "Weyauwega Area Chamber of Commerce, P.O. Box 531, Weyauwega, WI 54983."
- Thank you and Welcome to the Weyauwega Area Chamber of Commerce membership!

Payment Amount Received \$

Date Received: _____

Bank:

Receipt given: (check all that apply): In person _____ Via Email _____ Mailed USPS _____

Chamber Membership Packet sent on date: _____ Added to Directory on date: _____