

COMPANY NAME:	
Physical Address:	City State ZIP:
Mailing Address:	City State ZIP:
General Phone:	General Email:
Fax:	Website:
Primary Contact:	Primary Contact Title:
Primary Contact Phone:	Primary Contact Email:

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	\$220	<input type="checkbox"/> 20 – 29	\$450	<input type="checkbox"/> 100 – 149	\$990	<input type="checkbox"/> 350 – 399	\$1,890
<input type="checkbox"/> 3 – 5	\$260	<input type="checkbox"/> 30 – 39	\$540	<input type="checkbox"/> 150 – 199	\$1,185	<input type="checkbox"/> 400 – 449	\$2,075
<input type="checkbox"/> 6 – 9	\$305	<input type="checkbox"/> 40 – 49	\$630	<input type="checkbox"/> 200 – 249	\$1,355	<input type="checkbox"/> 450 – 499	\$2,250
<input type="checkbox"/> 10 – 13	\$350	<input type="checkbox"/> 50 – 74	\$720	<input type="checkbox"/> 250 – 299	\$1,535	<input type="checkbox"/> 500+	\$2,344 plus \$1 each employee over 500
<input type="checkbox"/> 14 – 19	\$395	<input type="checkbox"/> 75 – 99	\$815	<input type="checkbox"/> 300 – 349	\$1,715		
<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

Check Enclosed VISA MasterCard 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.