

New Membership \_\_\_\_\_ Renewal of Membership \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Web Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Facebook: \_\_\_\_\_

Number of employees (Local) Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Date Company/Organization was established: (Mo/Yr) \_\_\_\_\_

*Please send your logo for marketing purposes to: [OcontoFallsChamber@gmail.com](mailto:OcontoFallsChamber@gmail.com) (in a jpeg format)*

**Include my business in the Chamber Bucks program: YES / NO**

Name of Representative \_\_\_\_\_ *(Will be recognized as the voting member)*

E-mail: \_\_\_\_\_

Additional Representatives: (Up to 2)

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Annual membership fee (please mark selection)**

	Individual (Non-Business)	\$25.00		Churches, Service Groups, Civic Clubs	\$50.00
	0-10 Employees	\$100.00		51-100 Employees	\$200.00
	11-50 Employees	\$150.00		101+ Employees	\$300.00

**TOTAL AMOUNT DUE \$** \_\_\_\_\_

Scan here to  
apply online:



Send check and a copy of this completed form by **January 31, 2024** to:

Oconto Falls Area Chamber of Commerce,  
 ATTN: Treasurer, PO Box 24, Oconto Falls, WI 54154  
**OR** apply and pay online at [OcontoFallsChamber.com](http://OcontoFallsChamber.com)