



OCONTO FALLS AREA CHAMBER OF COMMERCE

MEMBERSHIP FORM

The Oconto Falls Area Chamber of Commerce will be a valid and dynamic link between local business and the community. Its objective is to be an advocate for business interests and to promote business development, city beautification and tourism.

New Membership _____ Renewal of Membership _____

Company Name: _____

Street Address or P O Box: _____

City: _____ State: _____ Zip Code _____

Telephone #: _____ Cell #: _____

Fax #: _____ Facebook? _____ Yes _____ No

Web Address: _____

E-mail Address: _____

Number of employees (Local) Full Time _____ Part Time _____

Date Company/Organization was established: (m/d/yr.) _____

Discovery Guide Classification: (Same category you use in the Yellow Pages) _____

Please send your logo for the website to: ocontofallschamber@gmail.com (in a jpeg format)

Name of Representative _____ (Will be recognized as the voting member)

E-mail: _____

Additional Representatives: (Up to 2)

Name: _____ E-mail: _____

Name: _____ E-mail: _____

DUES SCHEDULE (ANNUAL)

Individual (Non-Business)	\$25.00	46-60 Employees	\$175.00
0-5 Employees	\$75.00	61-75 Employees	\$200.00
6-15 Employees	\$100.00	76 – 100 Employees	\$250.00
16-30 Employees	\$125.00	101 + Employees	\$300.00
31-45 Employees	\$150.00	Non-Profit Organization*	50% Discount

* Non-Profit organizations must be fraternal, religious or volunteer based. Take 50% off of appropriate amount above.

TOTAL AMOUNT DUE \$ _____

Complete form and pay online at www.ocontofallschamber.com/Application.html

OR Send check and a copy of this completed form to:

Oconto Falls Area Chamber of Commerce, ATTN: Treasurer, P O Box 24, Oconto Falls, WI 54154