

OCONTO FALLS



AREA CHAMBER OF COMMERCE

PO Box 24, Oconto Falls WI 54154

OcontoFallsChamber.com

OcontoFallsChamber@gmail.com

Facebook.com/OcontoFallsChamber

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 (in a jpeg format)

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

Visit our website for more information on Chamber Bucks

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 this completed form by **January 31st** to:

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

OR apply and pay online at OcontoFallsChamber.com