

New Membership _____ Renewal of Membership _____

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip Code _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code _____

Business Telephone: _____

Website Address: _____

Business Email: _____

Facebook: _____

Number of Local Employees Full Time _____ Part Time _____

Date Company/Organization was established: (Mo/Yr) _____

Please send your logo for marketing purposes to: OcontoFallsChamber@gmail.com (jpeg format)

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

Email: _____

Phone Number: _____

Additional Representatives: (Up to 2)

Name: _____ Email: _____

Name: _____ Email: _____

Annual Membership Fee (please mark selection based on organization size)

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

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