

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"/> 1 – 2	\$231	<input type="checkbox"/> 20 – 29	\$473	<input type="checkbox"/> 100 – 149	\$1,040	<input type="checkbox"/> 350 – 399	\$1,985
<input type="checkbox"/> 3 – 5	\$273	<input type="checkbox"/> 30 – 39	\$567	<input type="checkbox"/> 150 – 199	\$1,245	<input type="checkbox"/> 400 – 449	\$2,179
<input type="checkbox"/> 6 – 9	\$321	<input type="checkbox"/> 40 – 49	\$662	<input type="checkbox"/> 200 – 249	\$1,423	<input type="checkbox"/> 450 – 499	\$2,363
<input type="checkbox"/> 10 – 13	\$368	<input type="checkbox"/> 50 – 74	\$756	<input type="checkbox"/> 250 – 299	\$1,612	<input type="checkbox"/> 500+	\$2,461 plus \$1 each employee over 500
<input type="checkbox"/> 14 – 19	\$415	<input type="checkbox"/> 75 – 99	\$856	<input type="checkbox"/> 300 – 349	\$1,801		

<input type="checkbox"/> Charitable Organizations: Civic Groups or Churches	\$210 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

<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> 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:		Referred By:	
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](#)
The Chamber reserves the right to approve any material submitted for distribution.

PLEASE RETURN THIS FORM VIA FAX OR MAIL TO THE ADDRESS BELOW.