



# 2019 Membership Application

Thank you for your interest in joining the Muskego Area Chamber of Commerce. Please complete the application and submit your payment to begin taking immediate advantage of the many Chamber benefits.

<b>Business Information:</b>	Company Name: _____ Phone: _____ Fax: _____ Website: _____ Email: _____ No of Employees: Full-time _____ Part-time _____ Primary Contact: _____ Phone: _____ (if different) Email: _____ (if different)
<b>Physical Address:</b>	Street Address: _____ City: _____ State: _____ Zip: _____
<b>Mailing Address: (if different)</b>	Street Address: _____ City: _____ State: _____ Zip: _____
<b>Business Description:</b>	_____ _____
<b>Comments / Questions:</b>	_____ _____
<b>Social Networking:</b>	LinkedIn: <a href="http://linkedin.com/in/">http://linkedin.com/in/</a> _____ Facebook <a href="http://facebook.com/pages/">http://facebook.com/pages/</a> _____ Twitter <a href="http://twitter.com/">http://twitter.com/</a> _____
<b>Keywords:</b>	<b>Information for your Company's Web Presence for Search Engine Optimization:</b> _____ _____ _____
<b>Business Logo:</b>	Please email an EPS and jpg version of your business logo (used for sponsorship and announcements) to <a href="mailto:executivedirector@muskego.org">executivedirector@muskego.org</a> .

<b>Membership Options:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Membership Packages (Please mark appropriate box and return with payment:</b> 1-4 Employees: \$265.00 5-9 Employees: \$355.00 10-19 Employees: \$400.00 20-49 Employees: \$455.00 50-99 Employees: \$526.00 100+ Employees: \$605.00 Government & Schools: \$625.00 Home Demo / Seasonal Business: \$130.00 Churches, Clubs / Civic / Social Organizations \$130.00 Individual Membership*: \$70.00 <b>Membership Investment</b> \$ _____ <b>Optional Scholarship Donation</b> \$ _____ <b>TOTAL AMOUNT</b> \$ _____ <i>*Does not represent a business</i>
<b>Additional Opportunities:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Place a check in the box if you would like to learn more about any of the following: Women's Business Connections Email monthly list of new home owners Membership Plaque for display in my business
<b>Payment Options:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Check Mastercard Visa
<b>Credit Card billing address:</b>	<input type="checkbox"/>	Name on Card: _____ Address: _____ Card Number: _____ Expiration Date: _____ 3 Digit Code: _____ Signature: _____

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