



# 2017 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.

### Business Information

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

No of Employees: Full-time \_\_\_\_\_ / Part-time \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ (if different)

Email: \_\_\_\_\_ (if different)

### **Physical Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Mailing Address (if different)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business Description (200 character max):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments / Questions:** \_\_\_\_\_

\_\_\_\_\_

### **Social Networking:** Please check and complete

LinkedIn: <http://linkedin.com/in/> \_\_\_\_\_

Facebook <http://facebook.com/pages/> \_\_\_\_\_

Twitter <http://twitter.com/> \_\_\_\_\_

### **Information for your Company's Web Presence Eight Keywords for Search Engine Optimization:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Business Logo:** Please email an EPS and jpg version of your business logo (used for sponsorship and announcements) to [executivedirector@muskego.org](mailto:executivedirector@muskego.org).

### Membership Options

**Membership Package (Please mark appropriate box and return with payment:**

- 1-4 Employees: \$235.00
- 5-9 Employees: \$310.00
- 10-19 Employees: \$345.00
- 20-49 Employees: \$390.00
- 50-99 Employees: \$450.00
- 100+ Employees: \$500.00
- Government & Schools: \$270.00
- Home Demo / Seasonal Business: \$115.00
- Churches, Clubs / Civic / Social Organizations \$115.00
- Individual Membership:  
(not representing a business) \$65.00

**Membership Investment** \$ \_\_\_\_\_

**Optional Scholarship Donation** \$ \_\_\_\_\_

**TOTAL AMOUNT** \$ \_\_\_\_\_

**Additional Opportunities:** (check box if you would like more information about any of the following)

- Women's Business Connections
- Young Professionals
- Email monthly list of new home owners
- Membership Plaque for display in my business
- Chamber Benefits 101

We will contact you with additional information

\_\_\_\_\_

CHECK  MASTERCARD  VISA  REQUEST INVOICE

Name on card \_\_\_\_\_

Billing address \_\_\_\_\_

Card Number \_\_\_\_\_

3 Digit Code \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

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