



2020 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):	Street Address: _____ City: _____ State: _____ Zip: _____
Business Description:	_____ _____
Comments / Questions:	_____ _____
Social Networking:	LinkedIn: http://linkedin.com/in/ _____ Facebook http://facebook.com/pages/ _____ Twitter http://twitter.com/ _____
Keywords:	Information for your Company's Web Presence 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 .

Membership Options:	<p>Membership Packages (Please mark appropriate box and return with payment):</p> <input type="checkbox"/> 1-4 Employees: \$270.00 <input type="checkbox"/> 5-9 Employees: \$360.00 <input type="checkbox"/> 10-19 Employees: \$410.00 <input type="checkbox"/> 20-49 Employees: \$465.00 <input type="checkbox"/> 50-99 Employees: \$535.00 <input type="checkbox"/> 100+ Employees: \$615.00 <input type="checkbox"/> Government & Schools: \$335.00 <input type="checkbox"/> Home Demo / Seasonal Business: \$135.00 <input type="checkbox"/> Churches, Clubs / Civic / Social Organizations \$135.00 <input type="checkbox"/> Individual Membership*: \$75.00
	<p>Membership Investment \$ _____ Optional Scholarship Donation (\$25) \$ _____ Optional WBC Membership (\$50) \$ _____ Less Membership Drive Discount(s)** \$ _____ TOTAL AMOUNT \$ _____</p> <p><i>*Does not represent a business</i> <i>**Drive begins Sept. 1 and runs through Oct. 26</i></p>
Additional Opportunities:	<p>Place a check in the box if you would like to learn more about any of the following:</p> <input type="checkbox"/> Women's Business Connections <input type="checkbox"/> Email monthly list of new home owners <input type="checkbox"/> Membership Plaque for display in my business <input type="checkbox"/> Chamber Benefits 101
Payment Options:	<input type="checkbox"/> Check <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Invoice Requested
Credit Card billing address:	Name on Card: _____ Address: _____ Card Number: _____ Expiration Date: _____ 3 Digit Code: _____ Signature: _____

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