



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: _____ Email _____

Physical Address

Street Address: _____
 City: _____ State _____ ZIP _____

Mailing Address: Same as Physical Address

Address: _____
 City: _____ State _____ ZIP _____

Business Description (200 char 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 (Posted in Web Directory and used for sponsorship and announcements)

Please email us an EPS and jpg version of your business logo to: executivedirector@muskego.org

Membership Options

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

- | | |
|--|----------|
| <input type="checkbox"/> 1-4 Employees: | \$225.00 |
| <input type="checkbox"/> 5-9 Employees: | \$295.00 |
| <input type="checkbox"/> 10-19 Employees: | \$330.00 |
| <input type="checkbox"/> 20-49 Employees: | \$375.00 |
| <input type="checkbox"/> 50-99 Employees: | \$430.00 |
| <input type="checkbox"/> 100+ Employees: | \$480.00 |
| <input type="checkbox"/> Government & Schools: | \$260.00 |
| <input type="checkbox"/> Home Demo/Seasonal Business: | \$110.00 |
| <input type="checkbox"/> Churches, Clubs/Civic/Social Organizations: | \$110.00 |
| <input type="checkbox"/> Individual Membership: (Individual-not representing a business) | \$60.00 |

Additional Opportunities:

We will contact you with additional information.

Women's Business Connections

- Check box if you would like more information about the Women's Business Connections group.

Young Professionals

- Check box if you would like more information about the Young Professionals group.

E-mail monthly list of new home owners

- Check box if you wish to receive email list of new homeowners.

Membership Plaque for display in my business

- Check box if you wish to receive a Plaque for display.

Membership Investment \$ _____

Optional Scholarship Donation \$ _____

TOTAL AMOUNT \$ _____

CHECK MASTERCARD VISA INVOICE REQUESTED

Name on card _____

Card holder address _____

Card Number _____ 3 digit code _____ Expiration Date ____/____

Signature: _____