



MEMBERSHIP INVESTMENT APPLICATION FORM

Building Business Strengthening Community

Please Complete Contact Information. Today's Date: _____

Business Name:	
Contact Name:	
Contact Title:	
Physical Address:	
Mailing Address:	
City, State, Zip	
Phone:	
Contact E-Mail:	
Other Employees To Receive Email Updates:	
Business Website:	
Social Media	Facebook <input type="checkbox"/> Linked In <input type="checkbox"/> Pinterest <input type="checkbox"/> You Tube <input type="checkbox"/>
Your Membership Focus	Help us know more about your needs. Please indicate your priorities. Rank (1= lowest, 6= highest) Network/Meet New People ____ Business Referrals/New Business ____ Support My Community ____ Business Exposure ____ Support the Organization ____ Other(please describe) _____

MEMBERSHIP INVESTMENT (Check one)

- Individual (e.g. citizen, retired), \$25
 - Home Business (home based - no employee) \$75.
 - Associate Membership \$75.
(non-profits, churches, community/service clubs)
 - Basic Business, Industry or Service \$200.
Plus employee calculation:
 Full time # of employees ___ x \$20 = \$ _____
 Part time # of employees ___ x \$10 = \$ _____
 Total Business, Industry, Service \$ _____
 (Maximum of \$1,200)
- Total Due** \$ _____

Please send your investment payment and application to:
 Osceola Area Chamber P.O. Box 251 Osceola, WI 54020

Or pay on line @
www.myosceolachamber.org/join.html