



2022 MEMBERSHIP 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:	
Billing Contact E-Mail:	
Other Employees' E-mails to get connected	
Your Membership Focus	Help us know more about your needs. Please indicate your priorities. Rank (1= highest, 6= lowest) 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) \$100.
- Associate Membership \$100.
(non-profits, churches, community/service clubs)
- Basic Membership \$200.
(Business, Industry or Service)
 Plus employee calculation:
 Full time # of employees __ x \$20 = \$ _____
 Part time # of employees __ x \$10 = \$ _____
 Total Employee \$ _____
 (Maximum of \$1,200)

I would like to add a tax deductible donation to the MainStreet Organization(501c3) charitable non-profit in the amount of \$25 \$50 \$100 \$250 Indicate other \$ _____ to my dues payment.

Total Due \$ _____

Thank You for your Membership. We look forward to great year together.

- Check if you need a Receipt Sent Check if you need Invoice Sent

Please send your investment payment to:
 Osceola Area Chamber P.O. Box 251 Osceola, WI 54020
 Or pay on line @ www.myosceolachamber.org/join.html