



MEMBERSHIP APPLICATION

CORPORATE AND PUBLISHED INFORMATION

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Company E-Mail: _____ WEB Site: _____

Company Phone: _____ Fax: _____

Representative Name: _____ Rep Email: _____

Number of Employees: _____ Business Type/Category: _____

Facebook: _____ Twitter: _____

Membership Investment (<i>Business Expense</i>)		Amount
Dues based on <u>full-time equivalent</u> employees		
Regular Business Membership (<i>1-9 employees</i>)	\$299	
Silver Membership (<i>10-30 employees</i>)	\$495	
Gold Membership (<i>All Bank/Credit Unions/31-99 ee's</i>)	\$649	
Platinum Membership (<i>100+ employees</i>)	\$998	
Restaurants or Media	\$299	
Civic Group (<i>no paid employees</i>)	\$125	
Application & Processing Fee		\$35.00
Other Fees:		
TOTAL AMOUNT		\$
Payment Method	Circle One	
Account #:	Visa	
Card Holder:	Master Cd	
Expiration: 3 digit code:	Check	
Zip Code associated with card:	Cash	

For Office Use:	Date:	
Directory Category:	Type:	
Sponsor:	Received:	
Ambassador:	Data Base:	
Referred by:	Logo:	
Accounts:	Approved:	

MEMBERSHIP APPLICATION
WAUWATOSA CHAMBER OF COMMERCE
(continued)

1. What is the main reason for your company joining the Chamber? _____

2. Which of the following are of most interest to your company? *(check all that pertain)*

- | | |
|--|---|
| <input type="checkbox"/> Main Event Luncheons | <input type="checkbox"/> Golf Outing |
| <input type="checkbox"/> ABLE (Active Business Leads Exchange) | <input type="checkbox"/> Advertising/Sponsorships |
| <input type="checkbox"/> Discounted Services | <input type="checkbox"/> Marketing Opportunities |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Staff training/seminars | <input type="checkbox"/> Ambassadors Club |
| <input type="checkbox"/> Committee Involvement | |

3. How were you introduced to the Chamber?

- | | |
|--|---|
| <input type="checkbox"/> Approached by Chamber Staff | <input type="checkbox"/> Referred by current Member |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Chamber's Reputation |
| <input type="checkbox"/> Other <i>(please note)</i> | <input type="checkbox"/> Newspapers |

In order to provide you with the best service, please provide us with the following information about your company:

Other Contact:	Mail Address: <i>(if different)</i>
	E-Mail Address:
Other Contact:	Mail Address: <i>(if different)</i>
	E-Mail Address:
Other Contact:	Mail Address: <i>(if different)</i>
	E-Mail Address:

If your organization is not a local company or if billing differs from membership information:

Corporate Office Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact: _____ Phone: _____

Our company agrees to accept mail, faxes, and e-mails from the Wauwatosa Chamber of Commerce for the purpose of promoting all services, events, advertising and donation opportunities. We understand that our company logo and link to our company web site may be part of the Wauwatosa Chamber of Commerce's official web site.

Signed: _____ **Date of Application:** _____

Title: _____ **Phone:** _____