



NETWORK
YOUR BUSINESS

Company Name _____

PROMOTE
YOUR BUSINESS

Street Address _____

City _____ State _____ Zip _____

DEVELOP
YOUR EMPLOYEES

Web Address _____

Phone _____ Fax _____

ADVOCATE
FOR BUSINESS

Membership Category _____
(for the Resource Guide)

Reason for Joining _____

CONTACT INFORMATION

POSITION	EMPLOYEE'S NAME	EMAIL ADDRESS
Main Contact for the Chamber		
CEO/President		
Sales Representative		

MEMBERSHIP DUES Based on number of full-time employees. With this company membership, all employees are considered active Chamber members.

1-5 \$315
 6-10 \$345
 11-15 \$395
 16+ \$415+
 (\$5 per additional full time employee over 15)

TOTAL # of full time employees = _____

PAYMENT TYPE (choose one and check)

Check
 Credit Card: Master Card VISA

Amount _____

Account# _____

Exp Date _____ Code (on back of card) _____

Name (as appears on card)

Mail form to:
2717 N. Grandview
Suite 204
Waukesha, WI 53188

FAX form to:
262-542-8068

AUTHORIZATION

Signature _____

Title _____

Date _____