



Application for Membership

Business Name: _____

Contact First and Last Name: _____

Street Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Website: _____

Additional Information for Chamber Website (Hours, Description of Business, etc.):

Please select the reason(s) you wish to join the Kewaskum Area Chamber of Commerce:

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Leadership Opportunities | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Programs & Events | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Community Visibility | <input type="checkbox"/> Professional Development | |

Please remit payment along with this form in the amount of \$150 for the yearly membership dues. A second Business receives a discounted rate of \$75.00. In order for your membership to be active, we must receive this Membership Application and payment. New Members are reviewed and added after our monthly meeting. Once applications have been approved, your business will be added to our website.

Mail application to:

Kewaskum Chamber of Commerce

PO Box 300 Kewaskum, WI 53040-0300

Referred By: _____