



Cedarburg Chamber of Commerce
2009 Membership Application
January 1, 2009 - December 31, 2009

Business Name: _____

Contact Name: _____

Address: _____
(Street) (City) (Zip)

Billing Address: _____
(Street) (City) (Zip)

Phone: _____ Alternate Phone: _____

E-mail: _____
(Your E-mail address is important to us and will be used for Chamber business only. It will not be released to other parties.)

Website Address: _____

Chamber Membership Dues (Please check one):

Table with 2 columns: Membership Type and Annual Fees. Includes options like Civic or Social Nonprofit, Company Rep, and Associate Member.

Method of Payment

- Check, MasterCard, Visa

Name on Card: _____

Card Number: _____

Expiration Date: ____/____ Security Code: _____

Signature: _____

Please return this form to:

Cedarburg Chamber of Commerce
P.O. Box 104 * Cedarburg, WI 53012 * Phone: 262-377-5856 or 800-237-2874 * Fax: 262-377-6470
E-mail: info@cedarburg.org * Website: www.Cedarburg.org

Be more than a member of the Chamber! Yes! I would like to volunteer at one or more of the following events. Check the event(s) and we will contact you.

- | | |
|--|---|
| <input type="checkbox"/> 4th of July Parade & Hometown Celebration | <input type="checkbox"/> Festivals of Cedarburg |
| <input type="checkbox"/> Annual Tree Lighting | <input type="checkbox"/> Golf Outing |
| <input type="checkbox"/> Sample of Cedarburg | <input type="checkbox"/> Other Member Events |

2009 Annual Sponsorship Opportunities. Yes! I would like to sponsor one or more of the following events. Check the event(s) and we will contact you.

- 4th of July Parade & Hometown Celebration
- Annual Tree Lighting
- Golf Outing
- Annual Downtown Flower Basket Program

Thank you for your continued support!

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