Cedarburg Chamber of Commerce

2010 Membership Application

January 1, 2010 - December 31, 2010

Business Name: _____

Contact Name: _____

Street 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: _____

Chamber Membership Dues (Please check one):

	Annual Fees
❑ Civic or Social Nonprofit	$135.00
❑ Company Rep or Agent (*i.e. financial, realtor, insurance*) or Owner/Operator	$155.00
❑ 1-3 Employees (*including owner*)	$215.00
❑ 4-9 Employees (*including owner*)	$250.00
❑ 10-24 Employees (*including owner*)	$390.00
❑ 25+ Employees including owner.....	$440.00
❑ Associate Member *	$ 55.00

(* Associate Members are community-minded individuals with no business affiliations)

Method of Payment

❑ Check ❑ MasterCard ❑ Visa

Name on Card: _____

Card Number: _____

Expiration Date: _____/_____ Security Code: _____

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