



Cedarburg Chamber of Commerce
2011 Membership Application
 January 1, 2011 - December 31, 2011

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):

*Based upon number of full-time employees

Annual Fees

- | | |
|---|----------|
| <input type="checkbox"/> Civic or Social Nonprofit | \$135.00 |
| <input type="checkbox"/> Company Rep or Agent (<i>i.e. financial, real estate other than business owner</i>) | \$155.00 |
| <input type="checkbox"/> 1-3 Employees (<i>including owner</i>) | \$215.00 |
| <input type="checkbox"/> 4-9 Employees (<i>including owner</i>) | \$250.00 |
| <input type="checkbox"/> 10-24 Employees (<i>including owner</i>) | \$390.00 |
| <input type="checkbox"/> 25+ Employees including owner..... | \$440.00 |
| <input type="checkbox"/> 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