Waukesha County Chamber of Commerce

MEMBERSHIP APPLICATION

NETWORK YOUR BUSINESS

PROMOTE YOUR BUSINESS

DEVELOP YOUR EMPLOYEES

ADVOCATE FOR BUSINESS

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Website _____

Phone _____

Fax _____

Membership Category _____
(for the Resource Directory)

Reason for Joining _____

CONTACT INFORMATION

POSITION	EMPLOYEE'S NAME	EMAIL ADDRESS

MEMBERSHIP INVESTMENT PRICING

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

- ☐ 1-5 $330
- ☐ 6-10 $365
- ☐ 11-15 $415
- ☐ 16+ $435+

($5 per additional full time employee over 16)

Total # of full-time employees: _____

Mail form to:
2717 N. Grandview Blvd., Suite 204
Waukesha, WI 53188
or fax to: 262.542.8068

PAYMENT TYPE *(check one)*

☐ Check ☐ Master Card ☐ VISA

Amount $ _____

Account # _____

Name _____
(as it appears on card)

Exp. Date _____ Code _____
(on back of card)

AUTHORIZATION

Signature _____

Title _____

Date _____

Email _____