



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: _____

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 _____

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