

Membership Application Form 2009

Please verify the information on this form for accuracy and return, along with your membership fees, to Chamber office. Refer to the back page for membership fees.

Business Title

Address

Contact person (the name entered here will receive all meeting invitations and correspondence)

Phone

Fax

Email (this is the preferred method of correspondence for Chamber meetings and events)

Web Address

Parent Company (if applicable)

Address

Type of Business (circle all that apply)

Manufacturer Service Retailer Public Agency Wholesaler Non-Profit

Real Estate Distributor Other: _____

Business Description:

(This description will be used in the newsletter, on our website, and to answer questions the Chamber office receives about your business. Please take the time to fill it out completely.)

***See Fee Schedule page for dues rates**

Chamber of Commerce Fee Schedule 2009

Number of employees based on full-time (40 hour) equivalents	Due on or before January 31, 2009
1-2	\$130
3-5	\$253
6-9	\$312
10-14	\$367
15-19	\$450
20-26	\$521
27-33	\$596
34-40	\$666
41-50	\$729
51-plus	\$762
Non-profit status	\$80 + \$5 per employee, maximum of \$200

All memberships run January 1-December 31, 2008. If an individual business owner owns more than one business, Chamber membership policy requests that each business entity is registered separately. If you have questions regarding your membership, contact the Evansville Chamber of Commerce at (608) 882-5131.

Please make payment to:

Evansville Chamber of Commerce

Please send application and payment to:

Evansville Chamber of Commerce (COC)
P.O. Box 51
Evansville, WI 53536

Thank you!