



Central St. Croix Area Chamber of Commerce

P.O. Box 291 ▪ Roberts, WI 54023

info@centralstcroixchamber.org

www.centralstcroixchamber.org

MEMBERSHIP APPLICATION

Date: _____ Referred by: _____

Membership type: Business Non-profit organization Individual Other:

Contact Information

Business, Organization, or Individual Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Website: _____ Email: _____

Primary Representative: *The primary representative will receive all Chamber correspondence and be listed in the Chamber Membership Directory.*

Name: _____ Title: _____

Phone: _____ Email: _____

Additional Representative(s):

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Membership Fees

# of employees	Fee	Adv. Purchase Discount	Total # of full-time equivalent employees: <small>*(Total hours worked per week ÷ 40)</small>
1-5	\$75.00	Prepay your membership for upcoming years and save: 2yr. 10% off 3yr. 15% off	Annual Membership Fee: _____
6-10	\$100.00		Application Fee: \$25.00 <small>** (One-time fee)</small>
11-50	\$150.00		Total: _____
50+	\$200.00 <small>(\$1/addtl.emp.)</small>		*Number of full-time equivalent employees is figured by dividing total number of hours worked per week by 40. Business owners are considered "employees." **There is a one-time application fee of \$25.00 for new members to be paid at the time of initial membership. This fee includes a membership certificate and a listing in our online and printed membership directories.
Individuals	\$75.00		
Non-profit org.	\$25.00	-	

Membership fees may be tax deductible as an ordinary and necessary business expense, but not as a charitable tax deduction for federal tax purposes. The Chamber is not a charity, but serves as an advocate organization for area businesses.

Name of person preparing this application: _____

Date: _____ Signature: _____

We are interested in offering a discount to other Chamber member businesses. Yes Not at this time Information needed

Please send your application and the applicable fees to the address at the top of the page. Upon receipt, your application will be reviewed by the Chamber Board of Directors at its next meeting. You will be contacted of your membership status shortly thereafter.

Thank you for your interest in the Central St. Croix Area Chamber of Commerce!



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Please complete the following sections for use on our website and in communications with member businesses and the public.

A brief paragraph about your business to be used on the Chamber website for anyone to access:

A description of the discount you are willing to offer to Chamber member businesses:

Other information you would like to provide:

Please send your application and the applicable fees to the address at the top of the page. Upon receipt, your application will be reviewed by the Chamber Board of Directors at its next meeting. You will be contacted of your membership status shortly thereafter.

Thank you for your interest in the Central St. Croix Area Chamber of Commerce!