



349 E. Main St.

262-877-2220

PO Box 64

info@twinlakeschamber.com

Twin Lakes, WI 53181

www.twinlakeschamber.com

2016/2017 Membership Application

Business/Organization _____

Street Address: _____ PO Box _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Email : _____ Friday Facts Y__N__

Website: _____

Billing Address If different from above: _____

Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____

_____ Renewing _____ New _____ or Returning Member

Contact Information

President/ Owner _____

Chamber Representative _____

Referred by: _____

Chamber member since: _____

Employee Emails for Friday Facts Newsletter:

BUSINESS DESCRIPTION:

Tell us about your business, hours of operation, tag line, number of employees and target customers. *Use back of this form if needed.*

MEMBERSHIP TYPE

(Details on back. Check all that apply)

- Business \$200.00
- Second Business \$100.00
- Non-Profit \$100.00
- Sponsor Non-Profit \$100.00
- Personal \$75.00
- Student \$25.00

Membership Fee Due: _____

Pro-Rated Adjustment: _____

New members only, if paid after 6/1/16

Paid Cash _____ Check _____ Credit Card _____

Credit Card # _____

Expiration _____ CVV _____

Dues can be paid annually by cash, check or credit card or **monthly only on credit card auto pay**.

NEW THIS YEAR: AUTO PAY YOUR DUES MONTHLY BY CREDIT CARD!

BUSINESS MEMBER \$ 20.00 PER MONTH
SECOND BUSINESS \$ 10.00 PER MONTH
NON-PROFIT \$ 10.00 PER MONTH

Membership will renew automatically unless cancelled by written request.

TYPE OF BUSINESS (may choose two)

Banking	Entertainment	Marketing
Churches	Financial	Printing
Civic	Gov. Services	Prof. Services
Contractor	Health Care	Real Estate
Communication	Insurance	Retail
Dining	Lodging	Technology
Education	Manufacturing	*Other

*Please note the category of other is not specific

Office use: Date _____ QB Inv. # _____ Excel _____ Signature _____ Date _____

See other side for more information.

Second Business

Business Name: _____

Street Address: _____

City: _____ St _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Billing Address: _____

City _____ St _____ Zip _____

Owner: _____

Chamber Rep: _____

Business Description: _____

\$100.00 Paid by: *(if different than 1st business)*

Cash _____ Check _____ Credit Card _____

Credit Card # _____ Exp. _____

Non-Profit Organization Sponsor

I would like to be a sponsor for:

_____ or

_____ Choose a Non-Profit for me.

Non-Profits currently looking for a sponsor are:

American Legion Post 544, Twin Lakes

Head Start Program, Wilmot, Wi

You could sponsor your church, school or other non-profit organization's membership.

Business Description continued from front:

ACCOUNT INFORMATION

Business (\$200.00) Gives businesses general membership benefits including a listing on the website with a link to your business website and email, discounts at chamber events, mailings and internet communications. Opportunity to run for the Board or for an Office. One vote per membership.

Second Business (\$100.00) Business must have the same owner as the first business.

Non-Profit (100.00) Available to organizations such as schools, churches, government offices. Includes listing on the chamber website and a link to your website and email, discounts of chamber events, mailings and internet communications. Opportunity to run for the Board or for an Office. One vote per membership.

Personal (75.00) Available to individuals who want to be part of the chamber and are not business owners. Includes opportunity to attend monthly meetings, mailings and internet communications.

Student (\$25.00) Available to high school or college students. Includes opportunity to attend monthly meetings

Event Committee or Volunteer

Reverse Raffle ___ Committee ___ Volunteer

Libertyfest ___ Committee ___ Volunteer

Golf Outing ___ Committee ___ Volunteer

Business in the Park & Car Show
___ Committee ___ Volunteer

Charity Gala ___ Committee ___ Volunteer

Trees on Parade ___ Committee ___ Volunteer