



MINONG AREA CHAMBER OF COMMERCE

Membership Application

Company Information

Business/Organization Name: _____

Street Address: _____ City/State/Zip/County: _____

Mailing Address: (if different from above): _____

Phone Number: _____ Company E-mail Address: _____

Contact Name: _____ Title: _____ E-Mail Address: _____

Full-time Employees _____ # Part-Time Employees: _____ # Seasonal Employees: _____

Billing Contact (if different) _____ E-mail Address: _____

Company Profile

Type of Business: _____ Website _____

Brief Business Description:

Business Category

Check 1 for

- | | | |
|---|---|---|
| <input type="checkbox"/> Automotive/Gas/Utilities | <input type="checkbox"/> Home Improvement | <input type="checkbox"/> outdoors |
| <input type="checkbox"/> Conference Centers | <input type="checkbox"/> Logging/Trucking | <input type="checkbox"/> Real Estate/Financial Services |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Services |
| <input type="checkbox"/> Grocery/Household Supplies | <input type="checkbox"/> Newspapers & Printing Services | <input type="checkbox"/> Storage |

I Would like to get involved with....

- Board of Directors
- Marketing Committee
- Membership Committee
- Finance Committee
- Summer Minong Days Committee

Membership Annual Investment

- Business.....\$70.00
- Non—Profit Organization 501(c)3\$50.00
- Individual.....\$30.00

Payment Options

Check.....

Cash.....

Annual Investment

Signature: _____

Date: _____

Please return Completed form with your payment to:

Minong Area Chamber of Commerce (MACC)

P.O. Box 302 Minong, WI 54859