



MINONG AREA
— CHAMBER OF COMMERCE —

www.minongchamber.com

MEMBER ENROLLMENT 2018 APPLICATION/INVOICE

**This information will be entered into our website
www.minongchamber.com**

Company (or individual) Name:

Contact Person:

Business (or individual's) location & mailing address:

Contact Phone # _____ Other # _____

Contact e-mail: _____

Website address: _____

Check your membership level and amount enclosed:

- | | |
|---|---------|
| <input type="checkbox"/> Business | \$70.00 |
| <input type="checkbox"/> Non-profit Organization 501 C3 | \$50.00 |
| <input type="checkbox"/> Individual..... | \$35.00 |

Please return this completed form with your payment to:

Minong Area Chamber of Commerce

MACC

P.O. Box 302

Minong, WI 54859