



116 South Lake Avenue
Crandon, Wisconsin 54520

MEMBERSHIP APPLICATION FORM

NAME OF BUSINESS, ORGANIZATION,
OR INDIVIDUAL _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE _____
CONTACT PERSON _____

SIGNATURE _____
DATE _____

Check one or more of the Councils
in which you wish to be affiliated:

_____ Retail Council
_____ Tourism Council
_____ Business, Professional, Industrial

FAIR SHARE DUES SCHEDULE (Dues are paid on an annual basis)

❖ Sole Proprietor Membership (no employees)	\$125.00
❖ Membership for Businesses with 1-10 employees	\$175.00
❖ Membership for Businesses with 11-20 employees	\$225.00
❖ Membership for Businesses with 21-30 employees	\$325.00
❖ Membership for Businesses with 31-40 employees	\$425.00
❖ Membership for Businesses with 41-50 employees	\$475.00
❖ Membership for Businesses with 51 or more employees	\$525.00
❖ Non-profit Groups	\$ 55.00
❖ Associate Memberships (<u>non-business only</u>)	\$ 30.00
❖ Trial Membership Rate for Businesses (one year)	\$ 55.00

TOTAL AMOUNT ENCLOSED \$ _____

Return this completed Membership Application along with your dues to the address above. If you have any questions completing this form, please contact the Chamber office at (715)478-3450.