



Central St. Croix Area Chamber of Commerce  
 P.O. Box 291, Roberts, WI 54023

info@centralstcroixchamber.org  
 www.centralstcroixchamber.org

## MEMBERSHIP APPLICATION

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: \_\_\_\_\_

# of employees	Fee	
1-5	\$75.00	Total # of full-time equivalent employees: _____
6-10	\$100.00	
11-50	\$150.00	
50+	\$200.00 <small>(\$1/addtl.emp.)</small>	
Individuals	\$25.00	
Non-profit org.	\$25.00	Annual Membership Fee: _____
		Application Fee: <u>    \$25.00    </u>
		Total: _____

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: \_\_\_\_\_

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 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!**



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 any discounts you are willing to offer to Chamber member businesses:

Other information you would like to provide:

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