Membership Dues Investment Schedule

Standard Business Membership Rates:

1-2 Employees	\$210
3-5 Employees	\$250
6-10 Employees	\$290
11-20 Employees	\$350
21-40 Employees	\$500
41-60 Employees	\$650
61-80 Employees	\$800
81-100 Employees	\$950
101-150 Employees	\$1,200
151-300+ Employees	\$1,550

Multiple Business Ownership - \$100

Business Name: _____

Address:		
City:	State:	Zip Code:
Phone: ()		

Retiree Membership - \$30

A retiree membership is an individual 55 and over.

Individual Membership - \$30

An individual membership is for those who do not own or manage a profit-seeking enterprise.

Non-Profit Organization - \$75

A non-profit organization or charitable corporation who does not have a paid staff.

Religious Organization - \$75

Any church. A parochial school would be considered a separate entity. Dues would be based on the number of employees according to the business rates listed above.

Hotels & Motels - Calculate dues by taking the minimum of \$300.00, add \$5.00 for each rental unit over 6 units. If a bar and/or restaurant is operated on the same premises, bar or restaurant would be considered separate entities.

Financial Institutions-calculate membership based on deposits-\$27.00 per million dollars (max annual \$2,000)

Business Investment \$_____

Payment Method: __Check __Visa __MasterCard

Account Number:

Expiration Date: __/__/___

Security Code (3 digit number on back of card)

Signature of Cardholder

Tax Deductibility: Membership dues in the Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. Dues paid to the Chamber are not a charitable deduction for federal income tax purposes. The Chamber is not a charity, but serves as an advocate for area businesses. 2% of your dues investment is no longer deductible as it is used for lobbying expense.

For Office Use Only:

Annual Membership: ____ Membership ID: ____

Paid: \$_____

Membership Join Date: ____/___/

Chamber Ambassador Name:

Membership Application

Business Name: _____

Key Contact (Owner/Manager/CEO):

Business Add	ress:
City:	State: Zip Code:
Phone: ()	<u> </u>
Fax: ()	
Web Address:	www
	ebook Page (Circle One): Yes No
E-Mail:	(for internal use only)
Billing Addres	s: (if different from above)
	e: be Your Business (appears on the site):
Year Business	s Was Established:
Number of Em	ployees-Full Time: Part Time: _
2 PT E	Employees = 1 FT Employee
Additional Cha	amber Contact:
Phone:	

Investment Agreement

From: Through: *

*Membership will be assumed for all future years unless member notifies Chamber of intent to cancel.

Annual Membership: \$

Payment must accompany agreement in order to be processed.

In consideration for the entitlement of benefits of membership, I do hereby agree to the terms and conditions of this agreement. I agree and understand that this is an enforceable pledge of support for annual membership in the Antigo/Langlade County Chamber of Commerce.

Signature

Date

Thank you for your Chamber Membership and Investment *in the Antigo/Langlade* County Community!

Membership Benefits

Business Listing on our Website Special Cellular Saving - Cellcom Access to the Chamber's Bulk Mailing Rates **Ribbon Cutting Ceremony** Membership Plaque Member-to-Member Discount Program Radio Advertising Special for New Members Weekly Newsletter—Chamber Connection Member Message Announcements Great Networking Opportunities Ability to Accept Chamber Gift Certificates Chamber Referrals to Potential Clients Complimentary Listing in Our Visitor's Guide Free Online Job Posting Sponsorship Opportunities for: Sled Dog Races

- Birdies & Bogeys Golf Outing
- Oktoberfest
- Customer Appreciation .
- Business After Hours
- Lakes & Leaves Bike Ride
- Annual Banquet

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Mission Statement: To encourage and promote the general business interest of our members and promote tourism for the benefit of Langlade County Communities

Membership Application

1005 S. Superior Street Antigo, WI 54409

Deena Grabowsky - Executive Director

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