

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
41-80 Employees	\$650
81-150 Employees	\$800
151-399 Employees	\$950
400+ Employees	\$1100

Multiple Business Ownership - \$100

In addition to primary business membership in good standing.

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: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

Fax: (____) _____

Web Address: www. _____

E-Mail: _____
(for internal use only)

Billing Address: (if different from above)

Business Type: _____

Briefly Describe Your Business:

Year Business Was Established: _____

Number of Employees-Full Time: ____ Part Time: ____

2 PT Employees = 1 FT Employee

Key Contact (Owner/Manager/CEO):

Phone: (____) _____

E-Mail: _____

Additional Chamber Contact: _____

Phone: _____

E-Mail: _____

Please Sign Contract on Other Side!

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
Informational Weekly Blast E-Mails
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:

- Market Street Fest
- Oktoberfest
- Customer Appreciation
- Business After Hours
- Business For Breakfast

Chamber of Commerce & Visitors Center
ANTIGO/LANGLADE COUNTY

Visit, Live It, Love It!

Chamber of Commerce & Visitors Center

ANTIGO/LANGLADE COUNTY

Visit, Live It, Love It!

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
Jesse Engelmann - Office Coordinator

Phone: (715) 623-4134

Fax: (715) 623-4135

Website: www.antigochamber.com

E-Mail: info@antigochamber.com