

New Holstein Area Chamber of Commerce

INVOICE # 2019



2019 Membership Investment

BILL TO:
Name:
Address

Remit to:
New Holstein Area Chamber of Commerce
PO Box 17 New Holstein, WI 53061

NUMBER OF EMPLOYEES (including yourself)	DUES	WRITE IN THE APPLICABLE DUES FOR YOUR BUSINESS
First time member of New Holstein Chamber are not required to pay dues until the membership drive for the next calendar year begins. (I.e. If you join in June you would have 6 months free membership).	Zero for remainder of the calendar year in which you are joining.	No membership dues required until the beginning of next year.
0 - 3	\$55	
4 - 15	\$80	
16 - 50	\$110	
51 - 100	\$145	
101 - 999	\$200	
1,000 plus	\$750	
TOTAL AMOUNT		

Please provide information below as you would like it to appear on the Chamber website.

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____ **CONTACT:** _____

EMAIL: _____ **WEB-SITE:** _____

Does your company have an active FACEBOOK page? : YES NO

Brief Description of your business (use back or additional page if necessary):

WOULD YOUR BUSINESS LIKE TO ACCEPT CHAMBER CERTIFICATES? YES OR NO

If applying to the Chamber for the first time, please answer the following:

Who or what motivated you to join or renew with the Chamber? _____

Please indicate your reasons for joining the Chamber (select all that apply):

- Networking
- Want to be involved in policy decisions
- Leadership Opportunities
- Business Exposure
- Want to learn business skills
- Other Explain: _____