

New Holstein Area

CHAMBER OF COMMERCE

"Promoting Local Business"

Invoice

DATE: 2020

BILLED TO

Name:

Address:

Email: _____

Phone: _____

New Holstein Area Chamber of Commerce
 P.O. Box 17
 New Holstein, WI 53061

info@newholsteinchamber.com

920-898-9095

www.newholsteinchamber.com

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: _____

NUMBER OF EMPLOYEES	DUES	TOTAL
0-3	\$55	-----
4-15	\$80	-----
16-50	\$110	-----
51-100	\$145	-----
101-999	\$200	-----
1,000 plus	\$750	-----

TOTAL DUE _____

DOES YOUR BUSINESS HAVE AN ACTIVE FACEBOOK PAGE? YES NO
 DOES YOUR BUSINESS ACCEPT CHAMBER GIFT CERTIFICATES? YES NO

DESCRIPTION OF YOUR BUSINESS:
 (AS YOU WOULD LIKE IT TO APPEAR ON THE CHAMBER WEBSITE)

