

MEMBERSHIP APPLICATION

Please complete and return this application with payment for membership dues to the address listed below.

PROPEL OSHKOSH
120 Jackson Street
Oshkosh, WI 54901

ANNUAL MEMBERSHIP DUES

Individual - \$50

Couple - \$90 *(If enrolling as a couple, please complete a separate application for each individual.)*

APPLICANT INFORMATION (* REQUIRED FIELDS)									
Last Name*			First*			M.I.			
Date of Birth*		Marital Status		Married <input type="checkbox"/>	Single <input type="checkbox"/>	Gender		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address*							Apartment/Unit #		
City*			State*			ZIP*			
E-mail Address (1) *			E-mail Address (2)						
Main Phone*			Cell Phone			Work Phone			
Employer*		Industry			Position/Title*				
Employer Address							Unit #		
City			State			ZIP			
I would consider serving on a Propel Committee*			Yes <input type="checkbox"/>		No <input type="checkbox"/>				
I would consider serving on the Propel Board*			Yes <input type="checkbox"/>		No <input type="checkbox"/>				

PAYMENT METHOD (select one)

CHECK: A check in the amount of \$_____ is enclosed. Please make checks payable to: **Propel Oshkosh**

CASH: Cash in the amount of \$_____ is enclosed.

CREDIT CARD: Charge the following Credit/Debit Card.

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
Credit Card Number:			Expiration Date:
Security Code:			
Billing Address (if different than above):			
Signature:			

Please contact us with any questions at samantha@oshkoshchamber.com