



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 | | | | |
| Which Propel Committee(s) are you interested in serving on? (please check all that apply)* | | | Events <input type="checkbox"/> | | Community Partnership <input type="checkbox"/> | | | | | |
| | | | Membership <input type="checkbox"/> | | Volunteer <input type="checkbox"/> | | | | | |
| Today's date | | | | | | | | | | |

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 amber@oshkoshchamber.com