

## 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 - \$80

\*Renewal price is \$60 per member if renewed before due date\*

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](mailto:amber@oshkoshchamber.com)