

Date _____

Signed _____

MEMBERSHIP APPLICATION

Business Name _____

Corporate Name _____

Street Address _____

**Used in our member directory*

Mailing Address _____

CEO/Owner's Name _____ Title _____

Local Contact (if different from above) _____ Title _____

Email Address _____

**Membership billings will be emailed to the Local Contact.*

Phone _____ Fax _____

Web Site Address _____

Business Classification* _____

Number of Employees: Full Time _____ Part Time _____

**NOTE: Please choose a classification that already exists in the current Oshkosh Chamber membership directory or the Yellow Pages.*

Additional Representatives: Include all those you'd like to receive our e-newsletters/events information

Name	Title	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why have you decided to join the Oshkosh Chamber of Commerce?

- Community Involvement Networking Legislative Advocacy Other
 Programs and Services Economic Development Local Issues _____

REFER SOMEONE TO THE CHAMBER

If you know anyone who could benefit from becoming a member of the Oshkosh Chamber of Commerce, we'd love to know!

NAME: _____ PHONE: _____

COMPANY: _____

MEMBERSHIP INVESTMENT WORKSHEET FAIR INVESTMENT SCHEDULE

Complete the category that is applicable to your business. Please consider only Oshkosh employees.

Category I: (Complete A, B & C, and add to D)

- A. Number of licensed brokers/agents _____ x \$36.00 = _____
 - B. Number of professionals (with state license) _____ x \$103.00 = _____
 - C. Number of full-time equivalent employees in Oshkosh excluding owner and those included in lines A and B above (2 part time = 1 full time) _____ x \$10.00 = _____
 - D. Base fee _____ + \$380.00
- Total: \$ _____

Category II: (Complete either A, B or C, and add to D)

- A. Apartments _____ (no. of units/spaces) x \$3.10 = _____
 - B. Hotels/motels _____ (no. of rooms) x \$4.90 = _____
 - C. Restaurants/theaters _____ (seats) x \$.82 = _____
 - D. Base fee _____ + \$380.00
- Total: \$ _____

Category III: (includes base fee)

- A. Financial institutions (millions of assets) _____ x \$43.00 = _____

Category IV:

- A. Business located out of Oshkosh (flat rate) \$412.00
- B. Associate membership (Businesses located in and members of chambers of commerce in Omro, Berlin or Winneconne) \$100.00

Total Membership Investment \$ _____

*Note: Concessions will be made for multiple businesses owned by the same person or partnership group.
Please ask the Membership Sales Executive for details.*

SIGNATURE _____	DATE _____
PAYMENT: Cash _____ Check _____ Monthly Automatic Withdrawal (upon completion of an ACH authorization form) _____	
Visa / MasterCard / American Express (circle one)	
Card number _____	Signature _____
Security code _____	Billing address _____
Exp. Date _____	Zip code _____
PLEASE RETURN TO: Oshkosh Chamber of Commerce • 120 Jackson Street • Oshkosh, WI 54901 920.303.2266 • Fax: 920.303.2263 Your membership renews annually unless cancelled in writing.	