Together We Succeed



Date		Signed
	MEMBERSHIF	PAPPLICATION
Business Name		
Street Address		
Mailing Address		
CEO/Owner's Name		_ Title
Local Contact		Title
Email Address		
Phone		_ Fax
Web Site Address		
Business Classification		
Number of Oshkosh Area Em	ployees: Full Time	Part Time eive our e-newsletters/events information
Name	Title	Email Address
Name	Title	Email Address
Name	Title	Email Address
Why have you decided to join	the Oshkosh Chamber of Com	merce?
O Community Involvement	O Networking	O Legislative Advocacy O Other
O Programs and Services	O Economic Development	O Local Issues
	REFER SOMEONE	TO THE CHAMBER
If you know anyone who co	uld benefit from becoming a mem	ber of the Oshkosh Chamber of Commerce, we'd love to know!
NAME:		PHONE:
COMPANY:		

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MEMBERSHIP INVESTMENT WORKSHEET FAIR INVESTMENT SCHEDULE

Please 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		× \$37.00 =	
В.	Number of professionals (with state license)		x \$107.00 =	
C.	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		+ \$395.	OC
		Tota	l: \$	
Category	II: (Complete either A, B or C, and add to D)			
	Apartments	(no. of units/sp	paces) x \$3.25 =	
В.	. Hotels/motels		(no. of rooms) x \$5.00 =	
C.	Restaurants/theaters	(seats) x \$0.85 =	
D.	Base fee		+ \$395.	OC
		Tota	l: \$	
Cateaory	/ III: (Includes base fee)			
	A. Financial institutions (millions of assets)		x \$45.00 =	
_				
• ,	/ IV: (Either A or B)		4	
Α.	A. Business located out of Oshkosh (flat rate)		\$430.	
В.	B. Associate membership (businesses located in and members of chambers of commerce in Omro, Berlin or Winneconne)		\$100.	00
	or chambers of commerce in orms, berinter with	mices me,		
Total Membership Investment			\$	
	Note: Concessions will be made for multiple busi Please ask the Members	nesses owned by the same person or part hip Sales Executive for details.	nership group.	
	, , , , , , , , , , , , , , , , , , , ,			
SIGNATUI	RE	DATE		
PAYMENT	Cash Check Monthly Autom	natic Withdrawal (upon completion of an ACI	dauthorization form)	
Visa / Mas	sterCard / American Express (circle one)			
Card num	ber	Signature		
Security c	ode	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