

New Member Application



Date _____

Signed _____

Business Name _____

Street Address _____

Mailing Address _____

CEO/Owner's Name _____ Title _____

Local Contact _____ Title _____

Email Address _____

Phone _____ Fax _____

Website Address _____

Business Classification* _____

Number of Employees: Full Time _____ Part Time _____

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

Name	Title	Email Address
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_____	_____	_____
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_____	_____	_____
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Why have you decided to join the Oshkosh Chamber of Commerce?

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

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 _____

Please return to: Connie@oshkoshchamber.com

Questions? Call 920-303-2265, ext. 32 • Cell 920-267-0721

Membership Investment Worksheet



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 \$40.00 =	_____
B. Number of professionals (with state license)	_____	x \$110.00 =	_____
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			+\$410.00
Total: \$			_____

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

A. Apartments	_____	(no. of units/spaces) x \$3.25 =	_____
B. Hotels/Motels	_____	(no. of rooms) x \$5.00 =	_____
C. Restaurants/Theatres	_____	(seats) x \$1.00 =	_____
D. Base fee			+\$410.00
Total: \$			_____

Category III: (Include base fee)

A. Financial institutions (millions of assets)	_____	x \$50.00 =	_____
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Category IV (Either A or B):

A. Business located out of Oshkosh (flat rate)		\$450.00
B. Associate membership (Business located in and members of chambers of commerce in Omro, Berlin or Winneconne) (flat rate)		\$125.00

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.