New Member Application

Cell 920-267-0721



Business Name				
Street Address				
Mailing Address (If different from street address)				
Website Address				
Business Classification/Purpose				
Number of Employees:	Full Time	Part Time		
Primary Contact Name		Title		
Email Address		——————————————————————————————————————		
Additional Representati Name	ves: Include all those you'd like to Title	o receive our e-newslette	r s/events information Email Address	
 Name	Title		Email Address	
- Name	Title		Email Address	
Why have you decided	to join the Oshkosh Chamber?			
Community Involve	ment O Networking O	Legislative Advocacy	Other:	
O Programs and Serv	ices O Local Issues O	Economic Development		
Signature		If you know anyo	ne to the Oshkosh Chamber one who could benefit from becoming a Oshkosh Chamber, we'd love to know!	
Please return to: Con Questions? Office 920-303-2265	nie@oshkoshchamber.com 5, ext. 32	Contact Name	e	

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 base	fee (\$425))		
A. Number of licensed brokers/agents		x \$40.00 =	_
B. Number of professionals (with state license)	=		
C. Number of full-time equivalent employees in	Oshkosh excluding	x \$10.00 =	
owner and those accounted for in lines A and B (above		
(2 part time = 1 full time)			+\$425.00
		Total: \$	
Category II: (Complete either A, B or C, and add	d to base fee (\$425))		
A. Apartments		(no. of units/spaces) x \$3.35 =	
B. Hotels/Motels			
C. Restaurants/Theatres		(seats) x \$1.00 =	
			+\$425.00
		Total: \$	1 \$425.00
Category III			
A. Financial institutions (millions of assets)		x \$50.00 =	
		Total: \$	
			=
Category IV (Complete either A, B, C, D, or E)(f	lat rates):)
A. Business located out of Oshkosh	\$465.00		
B. Associate membership (Business located in an Omro, Berlin or Winneconne)	d members of chambe	rs of commerce in	\$130.00
C. Retired-individual	\$100.00		
D. Food Trucks or Individual Consultant (working	\$200.00		
E. Non Profit (<u>up to 5 employees</u>)			\$250.00
		Total: \$	<i>_</i>
Total Membership Inv	vestment \$		
	_		
Payment: Cash Check Circle one Visa / MasterCard / American Express	Your membe	rship renews annually unless car	acelled in writing
Card Number		be made for multiple businesse	•
Security Code	·	rship group. Monthly ACH payme	
		in the GrownZone Member Porto Iff is not responsible for setting t	
Exp. Date			•
Billing Address			
Zip Code	Signature	Date	