

New Member Application



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 _____ Phone _____

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

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

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

Signature _____

Date _____

Please return to: Connie@oshkoshchamber.com

Questions?

Office 920-303-2265, ext. 32

Cell 920-267-0721

Refer Someone to the Oshkosh Chamber

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

Business _____

Contact Name _____

Contact _____

Phone/Email _____

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) _____ x \$110.00 = _____
C. Number of full-time equivalent employees in Oshkosh excluding owner and those accounted for in lines A and B above _____ x \$10.00 = _____
(2 part time = 1 full time) +\$425.00

Total: \$ _____

Category II: (Complete either A, B or C, and add to base fee (\$425))

A. Apartments _____ (no. of units/spaces) x \$3.35 = _____
B. Hotels/Motels _____ (no. of rooms) x \$5.15 = _____
C. Restaurants/Theatres _____ (seats) x \$1.00 = _____
+\$425.00

Total: \$ _____

Category III

A. Financial institutions (millions of assets) _____ x \$50.00 = _____
Total: \$ _____

Category IV (Complete either A, B, C, D, or E)(flat rates):

A. Business located out of Oshkosh \$465.00
B. Associate membership (Business located in and members of chambers of commerce in Omro, Berlin or Winneconne) \$130.00
C. Retired-individual \$100.00
D. Food Trucks or Individual Consultant (working from home) \$200.00
E. Non Profit (up to 5 employees) \$250.00

Total: \$ _____

Total Membership Investment \$ _____

Payment: Cash Check
Circle one Visa / MasterCard / American Express

Card Number _____

Security Code _____

Exp. Date _____

Billing Address _____

Zip Code _____

Your membership renews annually unless cancelled in writing. Concessions may be made for multiple businesses owned by the same person or partnership group. Monthly ACH payments may be set up by the member within the GrownZone Member Portal. Oshkosh Chamber staff is not responsible for setting this up.

Signature _____ Date _____