## **Together We Succeed**



| Date   | Signed   |  |  |
|--|--|--|--|
| Corporate Name                               |  |  |  |
| Street Address *Used in our member directory |  |  |  |
|  |  |  |  |
|  | Title  |  |  |
| Local Contact                                | Title  |  |  |
| Email Address                                |  |  |  |
| Phone  | Fax  |  |  |
| Website Address                              |  |  |  |
| Business Classification*                     |  |  |  |
|  | mePart into that already exists in the current ( | Time<br>Oshkosh Chamber membership or the Yellow Pages |  |
| Additional Representatives: Inc              | clude all those you'd like to receive            | our e-newsletter s/events information                  |  |
| Name   | Title  | Email Address  |  |
| Name   | Title  | Email Address  |  |
| Name   | Title  | Email Address  |  |
| Why have you decided to join t               | he Oshkosh Chamber of Commerc                    | re?  |  |
| ☐ Community Involvement N                    | letworking 🔲 Legislative Advoca                  | acy   Economic Development                             |  |
| ☐ Programs and Services                      | ☐ Local Issues                                   | ☐ Other  |  |
|  | Refer Someone to t                               | the Chamber  |  |
| If you know anyone who coul                  | d benefit from becoming a member of              | the Oshkosh Chamber of Commerce, we'd love to know!    |  |
| Name   | Phone  |  |  |
| Company                                      |  |  |  |

## **Together We Succeed**



## 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 eand those included in lines A and B above (2 part time = 1 fu | X : S (O, O () =                                   |
| 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/Theatres   | <del></del>  |
|   | (seats) x \$0.82 =                                 |
| D. Base fee   | +\$380.00  |
|   | Total: \$  |
| Catagory III. (Include base foe)  |  |
| Category III: (Include base fee)  A. Financial institutions (millions of assets)                                      | x \$43.00 =  |
| A. Financial institutions (Hillions of assers)  |  |
| Category IV:  |  |
| A. Business located out of Oshkosh (flat rate)  | \$412.00   |
| B. Associate membership (Business located in and membe  |  |
| of chambers of commerce in Omro, Berlin or Winneconne   | )  |
| Total Membership Investment   | \$   |
| *Note: Concessions will be made for multiple business   | ses owned by the same person or partnership group. |
| Please ask the membership S   | ,            |
|   |  |
| Signature   | Date   |
| Payment: Cash Check Monthly Autom   |  |
| Visa / MasterCard / American Express (circle one)   |  |
| Card Number   | Signature  |
| Security Code Billing Address   |  |
| Exp. Date   | Zip Code   |
|   |  |

Please return to: