

The Wausau Region Chamber of Commerce

Membership Application



We apply for membership in the Wausau Region Chamber of Commerce. Membership will take effect upon approval of the Chamber Board of Directors and will continue thereafter unless written notice is given. You will be included in Chamber mailings and Directory updates once membership has been approved.

Please mail this form and payment to the Wausau Region Chamber of Commerce or **apply online at www.wausauchamber.com**.

Incomplete applications will not be processed. Please print.

Date _____

Business name to be listed in Membership Directory _____

Main contact person to be listed in the directory _____

Title _____

Street address _____ PO Box _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

Web site address www. _____

E-mail address for receiving Chamber information _____

Classification listing (*please see reverse side for category choices and circle the one that best describes your business*)

Please contact me regarding advertising opportunities. Yes _____ No _____

Sponsored by _____
(Ambassador name)

Describe your business in 25 words or less and email it to sbaumann@wausauchamber.com
This description will be listed on our Web site directory and is key word searchable.

Office Use Only		
Date Received:	_____ / _____ / _____	
Amount Paid: \$	_____	
CK / CC#:	_____	
SB	_____	KJ _____ SW _____

Membership Investment Schedule

Company _____

Choose your business investment category.

General Business
\$270 minimum investment

Associate Members
\$160 minimum investment for individual listing in addition to main membership. (*also included in this category are: non-profits, clergy, government officials, retirees and persons not employed in business activities*)

Multiple Business Ownership/Location
\$160 minimum investment
(*in addition to primary business membership*)

Financial Institutions
\$25 per million of deposits equals minimum investment
(banks and credit unions)

Calculate your investment.

Number of Full Time Employees only applies to the General Business category.

General Business
Full Time Employees = _____ x \$5.50 \$ _____
(2 part time = 1 full time)

Minimum Investment + \$ _____

Administrative Fee + \$ **25.00**

Total Investment = \$ _____

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Select a Directory Category

Mark one category that best describes your business.

- Accountants
- Advertising
- Agriculture
- Amusement/Recreation Services
- Apparel/Accessories
- Architects/Engineers/Surveyors
- Arts/Culture
- Asphalt/Pavement
- Assisted Living/Nursing
- Homes/Home Health Care
- Attorneys
- Auto Body Repair
- Automotive Misc Services
- Automobile Sales
- Banks/Credit Unions
- Bowling
- Bridal Boutiques
- Building Materials/Hardware
- Casinos
- Caterers
- Chambers of Commerce
- Chiropractic Centers
- Churches
- Communications
- Computers/Software
- Construction/Contractors
- Consulting/Training

- Convenience Stores/Gas Stations
- Counseling
- Day Care Facilities
- Dentistry
- Education
- Employment
- Eye Care Facilities
- Financial Services
- Floral
- Food Stores
- Funeral Services
- Gas Companies
- General Merchandise
- Golf Courses
- Government
- Graphic Design
- Home Furnishings/Appliances
- Hospitals/Clinics
- Hotels/Motels/Resorts
- Individual Memberships
- Insurance
- Internet Services
- Investment Services
- Janitorial/Waste Collection/Recycling
- Jewelry
- Landscaping
- Mailing Services

- Manufacturing
- Marketing Consultants
- Media
- Non-Profits
- Office Equipment/Supplies/Furniture
- Personal Care/Health Spa
- Personal Services
- Pet Care
- Pharmacies
- Photography/Video
- Promotional Products
- Publishers/Printers
- Real Estate
- Rentals/Storage
- Restaurants and Taverns
- Retail Stores
- Security
- Signs
- Specialty Services
- Specialty Shops/Products
- Sporting Goods
- Telecommunications
- Transportation
- Travel Agencies
- Utilities
- Vending Machines
- Wholesale Trade

Select a Membership Payment Method

A check is enclosed.

Please make check payable to The Chamber.

Please bill my credit card

Visa MasterCard Discover

Company _____

Name _____
(print exactly as name appears on card)

Card Number _____ - _____ - _____ - _____

Expiration date ____/____ (MM/YY)

Deduct monthly from my checking account

Automatic Payment Plan Authorization

to honor charges initiated by the Wausau Region Chamber of Commerce

Financial institution _____

Account number _____

Attach a voided check.

I (we) hereby authorize The Chamber to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated above and the financial institution named above, to debit and/or credit the same such account. I (we) understand that I (we) will receive notice of each debit entry that varies in amount from the previous entry. This authority will remain in full force and effect until The Chamber has received written notification from me (or either of us) of its termination in such time and in such manner as to afford The Chamber and financial institution a reasonable opportunity to act on it.

Signature of depositor _____