



Membership Renewal Form

To renew your membership in the Oconto Falls Area Chamber of Commerce, please complete this form and return it with the appropriate fees. Please be sure to include your email address to receive the monthly Chamber Notes newsletter, minutes of meetings and special notices via email. Your email address will not be given to any third-party vendors.

Business members have full voting rights, are eligible to hold office and will be featured with a website address in the Oconto County Discovery Guide. The Chamber website Business Directory will highlight your business including a link to your business's website. You must name a representative with your Business Membership.

Name of organization, business or individual: _____

Number of people your business employees in Oconto County: _____

Membership fee enclosed
based on schedule at right: _____

PO Box _____

Street Address _____

City _____

State _____ Zip _____

Number of Employees

Amount of Dues

Home-Based Business

\$75

1-5 employees

\$75

6-15 employees

\$100

16-30 employees

\$125

31-45 employees

\$150

46-60 employees

\$175

61-75 employees

\$200

76-100 employees

\$250

101 + employees

\$300

Phone number _____ Fax number _____

Business website address _____

Name of business representative _____

(This person will be recognized as the voting member.)

Email address _____

Names and email addresses of additional employees wishing to receive Chamber Notes newsletter:

Mail completed form and payment made payable to:

Oconto Falls Area Chamber of Commerce

ATTN: Treasurer

PO Box 24

Oconto Falls WI 54154