



The information contained in the following section will be used in the Chamber's Membership Database, Membership Directory and On-Line Membership Directory. PLEASE PRINT CLEARLY OR TYPE INFORMATION TO REDUCE THE RISK OF INACCURACIES IN YOUR LISTING.

MEMBERSHIP INFORMATION

Name of Organization _____

Street Address _____ P.O. Box _____ City/State/ZIP _____

Phone Number _____ Other Phone Number _____ Fax Number _____

General Business E-Mail Address ONLY _____ Web Site _____

Billing Address (If different from above) _____

Please check your preference for receiving future billing invoices.
 Regular Mail E-Mail

REPRESENTATIVES:

(If any information for a representative is different from the contact information listed above, please attach a separate sheet indicating necessary information for those representatives. For example, a representative may have a different e-mail or phone, etc.)

PRIMARY REPRESENTATIVE:

ATTRIBUTES
 (D-Listed in the Directory
 M-Receives Mail, R-Receives
 Directory)

 Name Title Direct E-Mail Address ONLY

D M R

ADDITIONAL REPRESENTATIVES:

 Name Title Direct E-Mail Address ONLY

D M R

 Name Title Direct E-Mail Address ONLY

D M R

 Name Title Direct E-Mail Address ONLY

D M R

 Name Title Direct E-Mail Address ONLY

D M R

Corporation Limited Liability Corp. Non-Profit Partnership Private Sole Proprietor

CATEGORY (IES): _____

(Refer to the member categories sheet or the on-line membership directory for a list of categories. First category is free, additional category listings are \$20 each. Limit of five total categories including your free listing.)

DESCRIPTION: PLEASE PRINT CLEARLY OR TYPE TO REDUCE THE RISK OF INACCURACIES.

(It is imperative that you keep your description to a maximum of 25 words. Any description that is longer will be abbreviated.)

REASON FOR JOINING: Community Involvement Networking Legislative Advocacy Local Issues
 Other _____

ACKNOWLEDGEMENT: In consideration of the work of the La Crosse Area Chamber of Commerce, I/we agree to invest for the growth of the La Crosse area on an annual basis.

 Name Title Date Sponsor



712 Main Street
 La Crosse, WI 54601
 Phone: 608-784-4880
 FAX: 608-784-4919
 E-mail: lse_chamber@centurytel.net
 Web Site: www.lacrossechamber.com

MEMBERSHIP INVESTMENT BILLING INFORMATION

YEARLY INVESTMENT AMOUNT*: _____

PROCESSING FEE:** \$25.00 (one time only)

TOTAL FIRST YEAR INVESTMENT: _____

METHOD OF PAYMENT:

Bill my credit card: Master Card
 VISA

Card Number _____ Expiration Date _____

Billing Address of Card _____

Signature _____

Or Enclosed Check made payable to
 "La Crosse Area Chamber of Commerce"

NUMBER OF EMPLOYEES:

_____ # Full-Time _____ # Part-Time _____ # Part-Time *
 *(Part-Time Employees that add up to 2080 hours equal one Full-Time Employee.)

Fair Share Membership Investment Schedule

Number of Full Time Employees (or equivalent Part Time*)	Investment
1-3	\$219.00
4-8	\$254.00
9-12	\$297.00
13-15	\$325.00
16-19	\$409.00
20-29	\$487.00
30-39	\$625.00
40-49	\$786.00
50-74	\$921.00
75-99	\$1,080.00
100-124	\$1,147.00
125-149	\$1,298.00
150-174	\$1,422.00
175-199	\$1,567.00
200-300	\$1,723.00
301-400	\$1,891.00
401-500	\$2,086.00
501-750	\$2,293.00
751-1,000	\$2,518.00
1001-2500	\$2,775.00
2501-5000	\$3,051.00

GET INVOLVED!

Your participation is critical to achieving a positive business climate, economic growth and enhanced quality of life for the greater La Crosse area. Community involvement is also an excellent way to gain an understanding of and have a direct influence on the issues which most affect your business. Please join us in the areas that interest you most!

I am interested in the following Chamber Committees:

- Ambassadors
- Business & Student Education
- Government Action
- Intercultural Network
- Membership Committee

REFER SOMEONE TO THE CHAMBER:

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

NAME: _____

COMPANY: _____

PHONE: _____

* Based on equivalence of number of full-time employees
 **All new memberships are assessed a one-time non-refundable \$25 processing fee which should be included in the first investment payment.