



Membership Application

Please check application type in the most appropriate box below:

☐ Current Member Renewal ☐ Past Member Rejoining ☐ New Member – First Time

If current member renewing membership, how many years has your company been a member? _____

Company Name: _____
 Contact Name: _____
 Contact Title: _____
 Street Address: _____
 City/State/Zip: _____
 Telephone Number: _____
 Email Address: _____
 Company Web Site URL: _____
 Emails for additional
 people who would like to
 receive Chamber info: _____

MEMBERSHIP RATES

Owner/Operator (no employees)	\$125
1 to 9 FTE Employees	\$175
10 to 24 FTE Employees	\$195
25 to 49 FTE Employees	\$225
50 to 99 FTE Employees	\$295
100 or more FTE Employees	\$395

**Special membership rates will be considered on an individual basis as described in the
 “Membership Application” portion of the Chamber Website.**

☐ Applying for Full Membership Status ☐ Applying for Special Membership Rate Consideration

Number of FTEs: _____ Amount Enclosed (\$'s): _____

Note: If applying for Special Membership Rate, please enclose additional required documentation.

Please forward your Membership Application to:

**Saukville Chamber of Commerce
 PO Box 80238
 Saukville, Wisconsin 53080
 Thank you for your support.**