



Falls Chamber of Commerce  
 PO Box 178  
 St. Croix Falls, WI 54024  
 715.483.3580  
 director@fallschamber.org  
**FallsChamber.org**

**2012 MEMBERSHIP APPLICATION**

Please complete and return this form with your payment – Thank you!

**NEW MEMBER** \_\_\_\_\_ **RENEWING MEMBER** \_\_\_\_\_

**General information to be used on the Chamber website for referrals and to the general public:**

Business Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Street Address \_\_\_\_\_ Mailing Address/PO Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 General Phone \_\_\_\_\_ Website \_\_\_\_\_  
 General Info Email \_\_\_\_\_ Facebook Page? YES, please “like” us \_\_\_\_\_ NO \_\_\_\_\_

**Communication Preference:** Email \_\_\_\_\_ Postal Mail \_\_\_\_\_

Please note that the most efficient way for the Chamber to communicate with you is via email and the Newsflash.

**Information to be used internally by the Chamber only:**

Chamber Contact Person \_\_\_\_\_ Direct Phone \_\_\_\_\_

**Email addresses for Chamber communications (attach separate sheet if necessary)**

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_

**Please check the appropriate dues level based on your number of full-time equivalent employees:**

\_\_\_\_\_ \$ 100 Church or Nonprofit Organization \_\_\_\_\_ \$ 500 11 - 25 Full-time employees  
 \_\_\_\_\_ \$ 125 1-4 Full-time employees \_\_\_\_\_ \$ 800 26 - 49 Full-time employees  
 \_\_\_\_\_ \$ 275 5 -10 Full-time employees \_\_\_\_\_ \$ 1000 50 + Full-time employees

For office use:	Date:	Ck#:	
MC	CL	Web	WP
WLive	MX	NP	CD
FB	TX		

**PLEASE COMPLETE REVERSE SIDE**

**Chamber Dollars:** Would you like to participate in our no cost Chamber Dollars gift certificate program and have your business name listed on the back of each certificate? Yes \_\_\_ No \_\_\_ Please call me about this first \_\_\_\_\_

To help us promote your business, please indicate **FIVE** words that best describe your business and what kind of referrals you would prefer. These will become “tag words” on our website. You may also write a short description of your business below or attach your marketing literature.

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Please indicate below how you would like to contribute to the Chamber’s success.

Board of Directors or Committee Service:	Check Here
Board of Directors Nomination	
Fundraising Committee	
Membership Committee	
Program Committee	
Ambassador Committee	
Marketing Committee	
Event/Office Staff Volunteer	

Other Service Opportunities:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Bi-monthly Membership Luncheon Speaker Providing Valuable Information to Chamber members	N/A		N/A		N/A		N/A		N/A		N/A	N/A
Bi-monthly Membership Meeting Luncheon Sponsor (self-provided or catered food)	N/A		N/A		N/A		N/A		N/A		N/A	N/A
Business After 5 Host (Second Tuesdays, 5 – 6:30 pm)												

If you wish to make a special donation to any of the programs the Chamber sponsors such as the Welcome Wannigan Business Directory, please indicate the contribution amount here \_\_\_\_\_ and include it with your membership dues payment.

**Thank you** for supporting the Falls Chamber of Commerce.

If you have any questions, suggestions, comments or concerns, please contact us.

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