

Membership Application

Verona Area Chamber of Commerce

Membership Profile

Name of business as you would like it listed in the directory:

Directory Category: _____

Contact Name: _____

Address of business (for the annual directory):

Address of business (for mail, if different than above):

Phone: _____ Fax: _____ Web Site: _____

E-mail address for Chamber Correspondence: _____

Describe your business for the Chamber's web site.

Annual Investment

- Basic Dues:** \$190, plus \$5 for each full-time employee (maximum \$500)
 - Financial Institution and Utilities:** \$400 Flat Rate
 - Government Entities:** \$150 Flat Rate
 - Financial Institution and Utilities:** \$400 Flat rate
 - Government:** \$150 Flat Rate
 - Sole Proprietor:** \$180 Flat Rate
 - Associate (not-for-profit or family):** \$95 Flat Rate
- Membership fees may be tax deductible. Check with your tax advisor.**

Total Enclosed \$ _____ Date _____

Please make checks payable to: **Verona Area Chamber of Commerce, P.O. Box 930003, Verona, WI 53593.** You can fax your application to 845-2519. You can apply online and pay with a credit card at www.veronawi.com. For more information, call 845-5777.

I was referred to the Chamber by: _____