



Mercer Area Chamber of Commerce
Chamber Associate Membership

Friend of the Chamber

Fiscal Year 2019-2020 (Sept. 1—Aug. 31)

Please return all completed forms and payment to the Chamber by October 4, 2019.

CONTACT INFORMATION (for Chamber business correspondence)

Name of Organization: _____

Contact Name: _____

Mailing Address (Summer): _____

Mailing Address (Winter): _____

Email: _____

Phone: _____

If you would like correspondence via email, please check this box

INFORMATION FOR PUBLICATIONS (for the public)

Name to Appear in Guide and on Website: _____

RATES

Membership Type	Rate
Friend	\$40

CHAMBER ASSOCIATE MEMBER BENEFITS

Friend membership:

- Listing in the visitor guide and website
 - E-newsletter subscription
- \$_____ Total Membership Due

My signature below verifies the information on this agreement is accurate and I agree to the terms of conditions of membership.

Signature

Date

Please send completed Membership Form and check to:
Mercer Area Chamber of Commerce | 5150N Hwy 51 | Mercer, WI 54547

Office Use Only:	Date:
Payment received: Check #/Cash:	Amount: