



Mercer Area Chamber of Commerce

Chamber Associate Membership

Non-Profit

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)

Organization name: _____

Contact person: _____

Organization phone(s): _____ E-mail: _____

Website: _____

Physical Address of Building (including fire #): _____

City: _____ State: _____ ZIP: _____

OTHER INFORMATION (for Chamber records)

Year local organization established: _____

OVER

Please submit a 40 word description of your business for the Visitor's Guide and website. Your physical address, email and phone number do not need to be included in the description, these will be included in the title area.

Months of operation: _____

Days/Hours of Operation: _____

Proof of Non-Profit Status (Letter of Determination or EIN Number) : _____

RATES

Membership Type	Rate
Non-Profit Organization	\$40

CHAMBER ASSOCIATE MEMBER BENEFITS

Non-profit membership:

- Listing in the visitor guide and website with a 40 word description
- Opportunity for events to be put on our online event calendar on MercerCC.com
- Opportunity for events to appear on our electronic sign if schedule permits
- Opportunity for events to be included in our e-newsletters
- Opportunity to put information and brochures in chamber office

\$ _____ 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: