

Mercer Area Chamber of Commerce Chamber Membership Contractor Fiscal Year 2020-2021 (Sept. 1—Aug. 31)

Please return all completed forms and payment to the Chamber by August 28, 2020.

CONTACT INFORMATION Business Name: Mailing Address (Summer): City: State: ZIP: Mailing Address (Winter): City: ______State: _____State: _____ Physical Address of Building (including fire #): City: _____State: ____Stay. Phone: _______Website: _____ Year business opened: _____Year you attained ownership (if different):_____ Member Since (Year): INITIAL BOX IF INFORMATION HAS NOT CHANGED (RETURNING MEMBERS ONLY) Please submit a 40-word description of your business for the Visitor's Guide. Your physical address, email and phone number do not need to be included in the description. Initial box to use current description. You are responsible for verifying before Sept 30, 2019.

You may submit a longer description of your business for the Chamber's website.

Bronze-75 words - Silver- 150 words - Gold- 200 words

Please select one category your business best fits in.

Additional categories may be selected (\$50 each). Please	number in order of importance.
Hotel & Motels	
Resorts, Cabins, Campground & Homes	
Advertising & Marketing Attractions	
Building & Constructions	
Churches	
Restaurants, Bar & Taverns	
Health, Wellness & Beauty	
Professional Services	
Real Estate	
School & Education	
Clubs, Organizations, Non-profit	
Services	
Shopping	
Sporting Goods & Services	
MAIL CONTRACTOR AND ADD	A MANY HINE HILLY ALIC CERT OCT NOV DEC
,	R MAY JUNE JULY AUG SEPT OCT NOV DEC
Days/Hours of Operation: Sn M T	W Th F S
RATES	
Membership Type	Rate
Contractor	\$100
Visitor Guide ads are done directly through 5 Star Marketing, payments.	please make sure to contact them about your ad, design, and
5 Stars Mailing information is: 409 South Park Drive F	P.O. Box 10 Tomahawk, WI 54487
Direct contact information is: 715.453.4511 or info@5	StarUpNorth.com
My signature below verifies the information on this agree of membership.	eement is accurate and I agree to the terms of conditior
Signature	Date
Please send completed Mem	nbership Form and check to:
•	5150N Hwy 51 Mercer, WI 54547
Office Use Only:	Date:
Payment received: Check #/Cash:	Amount: