

KACC Membership Application



COMPANY INFORMATION

business / organization name _____

street address _____

city _____ state _____ zip _____

phone _____ fax _____

web address _____

email _____

date established (mm/dd/yy) _____ total employees (full-time / part-time) _____

BILLING ADDRESS (if different than above)

street address _____

city _____ state _____ zip _____

email (if you prefer a renewal statement via email) _____

CONTACT INFORMATION

ceo / president / owner _____ title _____

chamber representative _____ email _____

BUSINESS DESCRIPTION (50-100 words)

include keywords for our online directory, attach a second page if needed.

referred by _____



ACCOUNT INFORMATION

VAM! Premier
____ 1-15 employees: \$275 ____ 16-50 employees: \$375
____ 51-100 employees: \$500 ____ 101+ employees: \$1200

Civic (\$150.00)
Enrolls charitable group, service club, religious institution or individual not affiliated with a business to receive general membership benefits.

Associate (\$75.00)
Enrolls current or retired employee of a member business to be individually listed in Chamber publications and receive all Chamber communications directly.

Membership Investment (above) _____
VAM! Premier Plus* _____
TOTAL _____

*\$100— see reverse side for details.

Membership Investment Schedule: Dues shall be paid annually. Membership will be automatically renewed annually unless cancelled by written request.

Membership Approval Process: Upon completion of the application and payment, the Board of Directors will approve memberships at their bi-monthly meeting. At this time, the Board will determine whether the mission of the applying organization is in keeping with the mission of the Kenosha Area Chamber of Commerce. Membership dues are non-refundable and non-transferable.

Note: Membership investment in the Kenosha Area Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. Investments paid to the Chamber are not a charitable tax deduction for federal income tax purposes. The Kenosha Area Chamber of Commerce will not distribute your email address to any third party. By signing below, you are authorizing the enrollment of the above business to receive email communications from our office.

applicant signature _____ date _____

amount received _____ date _____

name on credit card _____ visa / mc _____

credit card number _____ exp. date _____

next billing date (office use only) _____