



MEMBERSHIP APPLICATION DUES INVOICE

1624 Wisconsin Avenue
P.O. Box 132
Grafton, Wisconsin 53024-0132
www.grafton-wi.org
Chamber Office: 262-377-1650
Fax: 262-375-7087
Email: chamber@grafton-wi.org
MEMBERSHIP YEAR: 1-1 TO 12-31

To: _____
Contact: _____
Date: _____

DUES SCHEDULE

Based on full time equivalency

1- 3	EMPLOYEES.....	\$175.00
4 - 10	EMPLOYEES.....	\$245.00
11 - 50	EMPLOYEES	\$355.00
51 - 99	EMPLOYEES	\$505.00
100 OR MORE	EMPLOYEES	\$605.00
NON-PROFITS with no EMPLOYEES.....		\$105.00
<i>NON-PROFIT ORGANIZATIONS with EMPLOYEES Pay at the rates listed above</i>		

Please fill out your business information below for our Chamber Database and Website:

Business/Organization/Individual Name: _____

Contact Person (Business/Organization): _____

Physical Address: _____

Mailing Address (if different from physical address): _____

Business Phone: _____ Cell Phone: _____

Email: _____ Year business started _____

Web Site Address: _____

Please provide a brief description of your business for your Website Listing:

Below For Office Use only

Membership Plaque Window Decal Thank You Letter Username _____
 Constant Contact Chamber Master Description/Social Media Password _____

**Membership Dues paid to the Grafton Area Chamber of Commerce are not tax deductible as a charitable contribution. However, they may be tax deductible as ordinary and necessary business expenses. Please consult your tax advisor.*