

Galesville Area Chamber of Commerce

PO Box 196, Galesville, Wisconsin 54630

Business Membership Application/Renewal

Member Information

(Corrections, if needed)

Business Name _____

Physical Address _____

City, State Zip _____

Mailing Address _____

City, State Zip _____

Email Address _____

Phone _____

Fax _____

Main Representative _____

Please describe your business (25 words or less) _____

Free Business Website Link

Your business website will be linked to your business membership listing on the Galesville Area Chamber of Commerce web site.

Website to be linked (make corrections where necessary):

Business Membership Dues

Business Membership \$125

Business Membership Dues Paid _____

Date _____

*Please make checks payable to: Galesville Area Chamber of Commerce
and mail to PO Box 196, Galesville, WI 54630-0196.*