Galesville Area Chamber of Commerce

PO Box 196, Galesville, Wisconsin 54630

**2017 Business Membership Application**

Member Name:

Physical Address:

City, State, Zip:

Mailing Address:

City, State, Zip:

Contact Person:

Phone:

Fax:

Email:

**Business Membership Dues without Website Link** ……………….…………...…..... $ 75

**Business Membership Dues with Website Link** ……………………………………….. $100

Your business website will be linked to your membership listing on the Galesville Area Chamber of Commerce website at [www.galesvillewi.com](http://www.galesvillewi.com).

|  |  |  |  |
| --- | --- | --- | --- |
| Name of website: |  |  |  |

 Amount Enclosed: \_\_\_\_\_\_\_\_\_\_
 Check #: \_\_\_\_\_\_\_\_\_\_\_\_
 Date: \_\_\_\_\_\_\_\_

**Please describe your business in 25 words or less.**

(We hope to include this information on the Chamber website in the future.)

**Hours of Operation** (These will also be included on the Chamber website in the future.)

Please complete this form completely and return it with

your membership dues.

*Make checks payable to: Galesville Area Chamber of Commerce*

*And mail to PO Box 196, Galesville, WI 54630-0196*