

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) _____

Business Membership Dues

Business Membership \$120

Number of employees (FTE) _____ times \$3 per FTE _____

Business Membership Subtotal _____

Business Website Links

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

Website(s) to be linked (make corrections where necessary):

_____ \$36

_____ \$36

Website Links Subtotal _____

Total Business Membership Dues Paid _____

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