Galesville Area Chamber of Commerce

PO Box 196, Galesville, Wisconsin 54630

**2024 Citizen Membership Application**

Member Name:

Mailing Address:

City, State, Zip:

Phone:

Email:

**Individual Membership Dues** ………………………………………..………….……………... $ 25

If you provide us with an E-mail address we will be sending our meeting agenda to you prior to each monthly meeting.

*Please make checks payable to: Galesville Area Chamber of Commerce*

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

Amount Enclosed: \_\_\_\_\_\_\_\_\_\_

 Check #: \_\_\_\_\_\_\_\_\_\_\_\_

Date Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_