



2019 Membership Application

Membership Categories (select one)

Number of Employees		2019 Annual Dues
0 – 2 Employees	_____	\$160
3 – 5 Employees	_____	\$235
6 – 9 Employees	_____	\$315
10+ Employees	_____	\$390
Associate Member	_____	\$60

- For members with part-time employees, dues are calculated based on combining part-time employees to equal a full-time employee.
- An Associate Member is defined as a past business-person, interested individual, local service organization or local school district. Associate members do not have voting privileges.
- **NEW** voting members may join at any time during the year and the fee will be pro-rated.

Membership benefits include your business information (bio) and a photo on the Chamber website (BrodheadChamber.com), as well as a link to your website or social media site. Your business will be listed on all printed Chamber materials and your business will be able to accept Brodhead Bucks.

RETURN THIS FORM AND PAYMENT BY JANUARY 31, 2019 TO:

Barb Clark, Treasurer
PO Box 16 • Brodhead, WI 53520

Business Name: _____ Contact Person: _____

Business Mailing Address: _____

Email Address: _____ Phone: _____

Web Address: _____

Please review your current Bio on BrodheadChamber.com and send any changes to brodheadchamberofcommerce@gmail.com. Please include any photos you wish to update.