

GCC Membership Application/Renewal Form

_____ NEW MEMBER _____ RENEWAL

DATE _____ / _____ / _____

Business Name _____

Representative _____

Resident Name _____

Address _____

Phone _____ Fax _____

Email _____ Website _____

Referred By? _____

ANNUAL DUES

Please check the appropriate:

_____ 1 - 3 Employees \$100

_____ 4 - 10 Employees \$150

_____ 11 - 25 Employees \$195

_____ 26 - 50 Employees \$250

_____ 51+ Employees \$290

_____ Non-Profit Org./Assoc. \$75

_____ Resident \$50

Would you be interested in hosting one of our Monthly GCC Networking Socials? **Y N**

Would you be interested in offering a special "Chamber Perk" (exclusive discount) to your fellow members? **Y N**

Would you be interested in a chamber sanctioned ribbon cutting event?(NEW Businesses) **Y N**

Please make check payable to the Greendale Chamber of Commerce.
Mail payment along with this form to:
Greendale Chamber of Commerce
P.O. Box 467
Greendale, WI 53129

TOTAL AMOUNT ENCLOSED _____

Please provide us 1 referral (Optional):

I hereby acknowledge that all of the above information is correct,

(Signature)

The Greendale Chamber of Commerce reserves the right to deny membership to those who do not represent their organization in an appropriate manner. One of our board members will be reaching out to you once this form has been received, reviewed, and approved by the board.

Visit greendalechamber.com