



Membership Application Form 2020
Berlin Area Chamber of Commerce
PO Box 393, Berlin, Wisconsin 54923
BuildingABetterBerlin@gmail.com

Please complete this form to become a member of the Berlin Area Chamber of Commerce. This information will be used for important communications, promotion purposes, and potential customer referrals, so please include all necessary information.

BUSINESS or INDIVIDUAL's NAME:

STREET ADDRESS:

PHONE:

EMAIL:

OWNER/MANAGER's NAME and TITLE (IF APPLICABLE):

TYPE OF BUSINESS (IF APPLICABLE) – circle most accurate:

Service

Manufacturing

Healthcare

Construction

BUSINESS DESCRIPTION, SLOGAN, ETC. (IF APPLICABLE):

TYPE OF MEMBERSHIP – check most accurate:

Business (20+ employees) - \$250

Non-Profit Organization, Church, Gov't - \$75

Business (1 to 19 employees) - \$100

Individual - \$25

WOULD YOU BE WILLING TO DONATE MORE FINANCIALLY TO OUR RENEWED CAUSE?

Yes

No

- If yes, in what amount? _____

Once complete, please mail this form and payment to:
Berlin Area Chamber of Commerce, PO Box 393, Berlin, Wisconsin 54923.

Thank you for your interest in joining our cause!