



Membership Agreement Form

Business Name: _____

Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Logo on file? **Yes** **No** (If not, please send logo to salina.heller@eauclairewi.gov)

Business Description: _____

Annual Dues: \$ _____

Full-Time Equivalent Employees:

1-3 employees	\$150
4-10 employees	\$250
10-35 employees	\$350
36-100 employees	\$450
100+ employees	\$550
Non-Profit	\$100

Signature: _____ Date: _____

Membership is effective upon receipt of payment.

Contributions and gifts are not deductible as charitable contributions for federal income tax purposes.

