

Membership Application

BUSINESS INFORMATION:

Company _____
(Please list as you would like it to appear in the Member Directory)

Primary Contact: _____ Title: _____ E-Mail: _____

Billing Contact: _____ Title: _____ E-Mail: _____

Billing Address: _____ City: _____ State _____ Zip _____

Business Address: _____ City: _____ State _____ Zip _____

Phone: (____) _____ Fax: : (____) _____

Company Website: _____

Key Search Words for the on-line Member Directory: _____, _____, _____, _____

Referred By: _____

Would you be interested in becoming a Madison Chamber of Commerce Ambassador? _____

Do you have business associates that you believe can benefit from the Madison Chamber of Commerce? _____ If so may we contact you for more information? _____

MEMBERSHIP FEES:

ANNUAL DUES:

1 – 4 Full-Time Employees	\$299
5 - 9 Full-Time Employees	\$349
10 – 19 Full-Time Employees	\$424
20 – 29 Full-Time Employees	\$474
30 – 39 Full-Time Employees	\$524
40 – 49 Full-Time Employees	\$574
50 to 74 Full-Time Employees	\$624
75 to 99 Full-Time Employees	\$674
100 or more Full-Time Employees	\$799
Non-Profit (with less than 20 full-time employees, otherwise normal fees apply)	\$219
Individual	\$149

Note: Individual membership in the MCC shall mean any person not representing a business, firm, corporation, partnership, association, non-profit or trust. Individual members are listed in the on-line directory.

Administrative Fee (one-time only) \$35

OPTIONAL FEES:

Additional Listings

- \$150 each
- 5 or more \$100 each

Note Additional Listings must include the primary membership but may have separate contact information. Example: Primary listing – _____
 ABC HVAC/Additional Listing: ABC HVAC – Chimney Cleaning)

TOTAL AMOUNT DUE:

\$ _____

Professional/Independent Services (Real Estate Broker/Hair Salons, etc., have 2 methods of membership

- Membership purchase price based on the number of independent contractors associated with the business. Like all other MCC members, one (1) listing is included and additional listings may be purchased at an additional cost.
- Professional/Independent Service Providers may join on their own at the standard member rate (1 – 4 employees) with the membership belonging to the individual making the purchase and is transferable should they change locations/employers.

PAYMENT INFORMATION:

Payment Method: Check Visa M/C AMEX Discover

Credit Card Number: _____ Exp. Date: _____

Credit Card Billing Address: _____

Signature: _____

Member Directory Categories

PLEASE CHECK ALL THAT APPLY:

	Advertising & Media		Arts, Culture & Entertainment
	Automotive & Marine		Business & Professional Services
	Computers & Telecommunications		Construction Equipment & Contractors
	Family, Community & Civic Organizations		Finance & Insurance
	Government, Education & Individuals		Healthcare
	Home & Garden		Industrial Supplies & Service
	Legal		Lodging & Travel
	Personal Services & Care		Pets & Veterinary
	Real Estate, Moving & Storage		Religious Organizations
	Restaurants, Food & Beverage		Shopping & Specialty Retail
	Sports & Recreation		Transportation

ADDITIONAL REPRESENTATIVES:

Name: _____ **E-Mail:** _____

Phone: (____) _____ **Fax:** (____) _____

City: _____ **State** _____ **Zip** _____
(If Different From Primary Contact)

Name: _____ **E-Mail:** _____

Phone: (____) _____ **Fax:** (____) _____

City: _____ **State** _____ **Zip** _____
(If Different From Primary Contact)

Name: _____ **E-Mail:** _____

Phone: (____) _____ **Fax:** (____) _____

City: _____ **State** _____ **Zip** _____
(If Different From Primary Contact)

Note: Additional Representatives automatically receive communications (i.e., e-mails) from the MCC but are not listed in the MCC Directories (either in print or on-line).