



Pewaukee Chamber of Commerce Application

1285 Sunnyridge Road
Pewaukee, WI 53072

262.691.8851/Phone
262.691.0922/Fax

E-mail: info@pewaukeechamber.org

APPLICATION FOR MEMBERSHIP

Business Name: _____

Primary Contact: _____ Position/Title: _____

E-Mail Address: _____ Web Site: www._____

Additional Email Contacts: _____

Mailing Address: _____

Physical Location: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Fax Number: _____

Number of Full Time Employees (Including owner): _____ (Over 30 hrs/wk)
Number of Part Time Employees: _____ (Under 30 hrs/wk)
(Employees working at less than 30 hours per week = 1/2 full time employee. Employees working 30 or more hours per week = 1 full time employee)

Main Business Category _____

Please give a brief description of your business (3-4 sentences). Retail business: include hours of operation

Signature: _____ Date: _____

ANNUAL MEMBERSHIP DUES MUST BE SUBMITTED WITH THIS APPLICATION

DUES ARE BASED ON NUMBER OF FULL TIME EMPLOYEES. PLEASE SEE CHART.

Category	Dues Amount	Optional Pewaukee High School Scholarship Fund Contribution] Add + \$25 to Dues Amount
NON-PROFITS, HOME BASED, START UPS & INDIVIDUALS	\$150.00	\$175.00
1-20 EMPLOYEES	\$200.00	\$225.00
21-50 EMPLOYEES	\$250.00	\$275.00
51-100 EMPLOYEES	\$300.00	\$325.00
101-250 EMPLOYEES	\$350.00	\$375.00
251-500 EMPLOYEES	\$400.00	\$425.00
501+ EMPLOYEES	\$500.00	\$525.00

Dues are for 12 months renewable one year from month you join.

RETURN COMPLETED APPLICATION WITH YOUR CHECK TO THE PEWAUKEE CHAMBER OF COMMERCE.

Date Check Received _____ Date became Member _____