



email: [membership@ladysmithchamber.com](mailto:membership@ladysmithchamber.com)

## 2019 Membership Application and Agreement

Business Name: \_\_\_\_\_ Ph. # (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Mailing (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Number of Full-Time Employees: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Part-Time Employees: \_\_\_\_\_

Social Media (Facebook, Twitter, etc): \_\_\_\_\_

Business Hours: \_\_\_\_\_

Owner/Contact Person: \_\_\_\_\_ Type of Business: \_\_\_\_\_

**\*Designated Representative for Voting:** \_\_\_\_\_

Do you wish to be listed on the Chamber website: \_\_\_\_ Yes \_\_\_\_ No (if yes, above info will be listed)

Do you wish to be listed on Chamber Bucks as a Participating Member: \_\_\_\_ Yes \_\_\_\_ No (See Brochure)

Please provide a brief description of your business and/or any other information that would help our office better serve your organization: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Committee(s) or Events you would like to be involved in: \_\_\_\_\_

Would you be interested in hosting one of our All-Member Meetings: \_\_\_\_ Yes \_\_\_\_ No

### Agreement Statement

\_\_\_\_\_ (herein after referred to as "Member") applies for membership in the Greater Ladysmith Area Chamber of Commerce.

1. Member agrees to enroll as established by membership.
2. Member acknowledges receiving a copy of the annual dues structure (See Page 2)

Agreed to on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_ Title: \_\_\_\_\_

***(ALL MEMBERSHIPS RUN JANUARY-DECEMBER/CALENDAR YEAR – invoice sent on annual basis)***

For Office Use Only: Membership to GLACC received on: \_\_\_\_\_, 20\_\_\_\_\_

Cash  Check  Check #: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_

## Greater Ladysmith Area Chamber of Commerce Dues Statement

Please pay the amount that corresponds to your number of employees

2 (two) part-time employees equal 1 (one) full-time employee

### Chamber Dues Schedule

1 – 2 Full Time Employees:	\$55.00
3 – 9 Full Time Employees:	\$80.00
10 – 19 Full Time Employees:	\$160.00
20 – 50 Full Time Employees:	\$225.00
51 – 75 Full Time Employees:	\$350.00
76 or more Full Time Employees:	\$450.00

#### **Multiple Business Rate      \$50.00**

This rate applies to each additional business that you own/operate. You must have an existing business membership in order to qualify for this rate.

#### **Affiliate Membership      \$55.00**

This rate applies to any non-profit public entity **with paid staff/employees**.

#### **Associate Membership      \$55.00**

This rate applies to non-business related organizations such as Clubs, Groups, and Non-Profit Organizations **that are 100% volunteer driven**.

#### **Friend of the Chamber      \$25.00**

This rate applies to individuals who do not own/operate a business but would like to be a member of the Greater Ladysmith Area Chamber of Commerce. *If you are a self-employed or seasonal business owner, this rate does not apply to you. \*Home based business is under 1-2 or 3-9 full-time employees.*

#### **Pro-rated Membership – This rate applies only to NEW MEMBERSHIPS**

This rate does not apply to non-renewing members from the prior year. New memberships that join the Chamber after July 1<sup>st</sup>, the rate would be one-half of the yearly rate in the category you fall under. If your business joins the Chamber after Oct. 1<sup>st</sup>, the rate would be the full rate for the upcoming year and would include the remainder of the current year.

Please mail this Membership Application and Agreement Form along with your check payable to:

Greater Ladysmith Area Chamber of Commerce (GLACC)  
205 West 9<sup>th</sup> Street South Ladysmith, WI 54848

Phone: (715) 532-7328

Web Site: [www.ladysmithchamber.com](http://www.ladysmithchamber.com)

**We Appreciate Your Membership!**  
**Please attach your business card.**