

Winter Area Chamber of Commerce

Membership Dues Invoice
Sept. 1st through Aug. 31st

Business Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Web: _____

Description for Website:

Please choose the correct membership category:

___ Business - \$80 ~ Includes web directory listing, but not Web Link.

___ Bronze Contributing - \$300 *

___ Silver Contributing - \$500*

___ Gold Contributing - \$1,000*

* Donations to Winter Area Chamber of Commerce that will be recognized on the home page of the website.

___ Associate / Individual - \$15 ~ Nonprofit or other tax-exempt organization & individuals.

Does not include web listing.

Total Membership Dues Amount \$_____

Web Link – Provides an active link from the WACOC website to a website of your choice.

Must be a member to link to the WACOC website.

\$35 if paid by August 31st or \$50 if paying after September 1st \$_____

TOTAL AMOUNT \$_____

Winter Area Chamber of Commerce

PO Box 245

Winter, WI 54896