

McFarland Chamber of Commerce Membership Form



“The McFarland Chamber of Commerce serves to unite and promote businesses and services in the McFarland area to enhance the sense of community in the Village of McFarland. The Chamber and its members strive for the continued progressive development of McFarland for the mutual benefit of its residents and businesses.” – Mission Statement

Member Name: _____
 Business Name: _____
 Business Address: _____
 Mailing Address: _____
 Business phone: _____ Business Fax: _____
 Email address: _____

Please check any committees that interest you:

_____ FIRECRACKER 5000
 _____ Scholarship _____ Welcome Packet Program _____ Chamber Ambassadors
 _____ Football Raffle _____ Christmas in the Village _____ Membership Meetings

I would be interested in being on the Board of Directors: _____ Yes _____ No

If you were referred by a Chamber Member, whom may we thank? _____

Benefits of Membership:

- Chamber events build awareness of your business
- ChamberCare Health Insurance Program
- Business Insurance discounts through Auto-Owners Ins.
- Networking through Chamber Events
- Free listing on Chamber Website
- Direct links from Chamber Website to your website and e-mail
- Welcome Packet Program
- Free and low cost advertising opportunities exclusively for Chamber Members

Website: www.mcfarlandchamber.com

All Chamber of Commerce Members will be listed on the Chamber web pages, unless a Website Opt-Out Form has been completed and submitted to the Chamber Office. Please provide the following information for inclusion on the website.

_____ Yes, use my email address as a link on website.
 _____ Yes, link my business homepage from the Members list.

Business website: www. _____

I authorize the McFarland Chamber of Commerce to use the information listed above on the Chamber website. I will contact the Chamber of Commerce if I wish to make any changes or withdraw my permission.

Member Signature: _____ Date ____/____/____
(Required to Participate)

Please mail membership form with dues to:

McFarland Chamber of Commerce
 POB 372
 McFarland, WI 53558-0372
 Phone/Fax: 608-838-4011
info@mcfarlandchamber.com
www.mcfarlandchamber.com

Dues Schedule:

Non-profit organization or Individual/Associate	\$ 70
Home-based business (no sign, no employees)	\$ 105
0 – 5 Employees	\$ 220
6 – 20 Employees	\$ 330
20+ Employees	\$ 475

Office Use Only:	Certificate _____	Receipt _____
QB _____	Web _____	Directory Addendum _____
Thistle _____	Excel _____	New Mbr Pkt _____
	Nwsltr _____	

