

2010 MEMBERSHIP APPLICATION

MOUNT HOREB AREA CHAMBER OF COMMERCE



BUSINESS _____
 CHAMBER REPRESENTATIVE _____
 COMPANY OWNER/PRESIDENT _____
 MAILING ADDRESS _____
 STREET ADDRESS _____
 CITY _____ STATE ____ ZIP _____
 PHONE NUMBER _____ FAX NUMBER _____
 E-MAIL _____ WEBSITE _____

BUSINESS LISTING CATEGORY (LIMIT 2) _____
 (REFER TO WEBSITE FOR CATEGORIES, WWW.TROLLWAY.COM)

ANNUAL MEMBERSHIP DUES (BASED ON NUMBER OF FULL-TIME EMPLOYEES)				
	Before 12/31/09	Before 12/31/09 w/ Volunteer	After 12/31/09	After 12/31/09 w/ Volunteer
<input type="checkbox"/> 1-5	\$260	\$235	\$270	\$245
<input type="checkbox"/> 6-10	\$320	\$295	\$330	\$305
<input type="checkbox"/> 11-20	\$380	\$355	\$395	\$365
<input type="checkbox"/> 21-49	\$450	\$425	\$460	\$435
<input type="checkbox"/> 50-99	\$505	\$480	\$530	\$505
<input type="checkbox"/> 100+	\$640	\$615	\$650	\$625
<input type="checkbox"/> Non-Profit	\$145	\$120	\$150	\$125
<input type="checkbox"/> Religious Org.	\$50	N/A	\$50	N/A
<input type="checkbox"/> Associate*	\$135	\$110	\$140	\$115
<input type="checkbox"/> Booster**	\$45	N/A	\$50	N/A
<input type="checkbox"/> New Member***	Free	Free	Free	Free

PAYMENT DETAILS (PLEASE CHECK ONE)

CASH
 CHECK
 CREDIT CARD: MASTER CARD OR VISA

NAME _____
 CC# _____
 EXP DATE _____

Make checks payable to the Mount Horeb Area Chamber of Commerce and remit with application **before December 31, 2009** to : 300 E. Main Street, Mount Horeb, WI 53572

* Associate member applies only if parent company is a member (i.e. real estate agents). ** Applies to an individual who is not a business owner, desiring to support the activities and programs of the Chamber. (Limited benefits available.) ***Applies to a business "New to Town" or one that has not been a member since 2005. Applies to first year of membership only. Full membership dues are applicable for each year, thereafter.

Dues Computation: to calculate the number of employees: divide total number of average weekly part-time employees' hours by 40 (hours of a full-time employee), add this to the number of full time employees. The total is your Full-Time Equivalency (FTE)

Membership dues for the Mount Horeb Area Chamber of Commerce are not tax deductible as charitable contributions for income tax purposes. Membership dues may be tax deductible as an ordinary and necessary business expense subject to restrictions imposed as a result of our Chambers' business advocacy.

Membership dues may be paid on a semi-annual basis, but do not qualify for the 'Early Pay' discount. First payment due January 2010, balance due July 2010. Other payments can be made by special arrangement

At the monthly board meeting following receipt of completed application and payment, the Board of Directors will review application and determine whether the mission of the applying business is parallel to the mission of the Mount Horeb Area Chamber of Commerce.

Any individual, firm, association, corporation, partnership, entity of estate doing business in Dane County, or located in Dane county and doing business elsewhere, interested in

VOLUNTEER OPPORTUNITIES

(MUST COMMIT TO VOLUNTEER FOR ONE COMMITTEE OR ONE EVENT TO RECEIVE \$25 OFF MEMBERSHIP DUES):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Annual Celebration
Committee _____ Event _____ | <input type="checkbox"/> Fall Heritage Festival
Committee _____ Event _____ | <input type="checkbox"/> Holiday Craft Bonanza
Committee _____ Event _____ | <input type="checkbox"/> Summer Frolic (appointed representative)
Committee _____ Event _____ |
| <input type="checkbox"/> Art Fair
Committee _____ Event _____ | <input type="checkbox"/> Finance & Facility
Committee _____ Event _____ | <input type="checkbox"/> Marketing Committee | <input type="checkbox"/> Thirsty Troll Brewfest
Committee _____ Event _____ |
| <input type="checkbox"/> Business Development & Retention | <input type="checkbox"/> Golf Outing
Committee _____ Event _____ | <input type="checkbox"/> Member Services | <input type="checkbox"/> Welcome Center |
| <input type="checkbox"/> Business Education Partnership | | <input type="checkbox"/> Small Town Holidays | |

SIGNATURE _____ DATE _____

PLEASE USE THE BACK OF THIS PAGE TO PROVIDE NAMES AND EMAILS OF OTHERS IN YOUR ORGANIZATION THAT WOULD LIKE TO VOLUNTEER AND/OR RECEIVE CHAMBER ANNOUNCEMENTS.