

Please complete & mail or fax this Membership Application & Data Form with check or GCC Credit Card form to:



Glendale Chamber of Commerce, Inc. Date: _____ / 20____
PO Box 170056, Glendale, WI 53217
Your Contact is: Dale Schmidt
Contact Phone: 262-442-0710 / 414-962-2708
Fax to: 414-963-4482
Website: www.glendale-chamber.com GCC Phone: 414-332-0900

Name of Business: _____

Chief Executive Officer: _____ Title: _____

Name of your Company's Contact Person: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Telephone Number: _____ Cell Phone: _____

Fax _____ Email: _____

Nature of Business: () Manufacturer () Wholesale () Retail () Service () Other _____

What product or service(s) does your firm provide? _____

Approximate number of persons currently employed at your business location: _____

Would you or someone in your company be interested in knowing more about assisting, serving on, or supporting a GCC Event / Committee? () Yes () No / Tell me about the new Marketing Members program.

List Names, contact numbers and email addresses: _____

How did you hear about the Glendale Chamber of Commerce? _____

Approved By: (your signature) _____ Date _____

All of your current employees & their families are eligible for the GCC Members "Added Benefits Savings" Program and Offers.

Your 12 month dues structure is based on your employee census. Dues are payable at the time of application and are non-refundable. Current dues structure is as follows:

	<u>12 month dues</u>	<u>Valid through</u>
Individual Chamber		
Supportive Membership	\$125 _____	_____
1-4 employees (includes owner)	\$150 _____	_____
5-10 employees.....	\$195 _____	_____
11-25 employees.....	\$275 _____	_____
26-50 employees.....	\$375 _____	_____
51-99 employees.....	\$425 _____	_____
100+ employees.....	\$550 _____	_____
Civic Organization	\$150 _____	_____

All employees and their families receive GCC Member Benefits & Savings.

* Pay by - MasterCard and Visa Accepted Pay by - Check (Mail to address below)

(Please fill out enclosed *GCC Credit Card & Membership Data forms - Fax or Mail with this application.)

Dues are renewable every 12 months from the month joined. Example: If you joined in January of this year, your GCC membership will renew again in January of next year.

Note: Companies with multiple offices and/or stores in Wisconsin - please contact Dale Schmidt, President-CEO, Glendale Chamber of Commerce: 414-332-0900 or 262-442-0710. Email d.schmidt@glendale-chamber.com

Glendale Chamber of Commerce Membership Data

Three easy steps.....

- 1) Please fill **ALL** the requested information even if you may not want everything listed in the directory. The GCC needs all this information for internal administrative purposes. (You can type or write in the squares)
- 2) After you have completed filling out all the information on the form below ... **ONLY PLACE A CHECK MARK** in the YES boxes for the information you may want included in the new Directory - the basic contact information will be provided.
- 3) a) Type & **E-mail to:** glendale-chamber@sbcglobal.net or b) Print legibly, sign below & **Fax to: 414-963-4482.**

<input type="checkbox"/>	Business Name:		
<input type="checkbox"/>	Business Address:		
<input type="checkbox"/>	Business Phone:		Date Incorporated/ Established:
<input type="checkbox"/>	Business Fax:		
<input type="checkbox"/>	Business E-mail Address:		
<input type="checkbox"/>	Business Website Address:		

<input type="checkbox"/>	Owner/President:		
<input type="checkbox"/>	Direct Line:		
<input type="checkbox"/>	E-mail Address:		
<input type="checkbox"/>	Cell Phone:		

<input type="checkbox"/>	Owner/Vice-President:		
<input type="checkbox"/>	Direct Line:		
<input type="checkbox"/>	E-mail Address:		
<input type="checkbox"/>	Cell Phone:		

Contact For Events:	Name:	
	Title:	
	Phone:	
	E-mail:	
Contact For Advertising:	Name:	
	Title:	
	Phone:	
	E-mail:	
Contact For Donations:	Name:	
	Title:	
	Phone:	
	E-mail:	

Business type/category: (P for primary, S for secondary):

.....Wholesale:
 Retail:
 Business to Business:
 Consumer:

.....Business service description:

I hereby approve and authorize information that I have listed above and that I have checked off in the yes boxes for publication in the GCC Website Membership Directory. I further understand the rest of the information I have provided is for internal use by the Glendale Chamber of Commerce and will not be published for general public use unless I request it.

Date: Approved By:

Phone: Print Name & Title:



Glendale Chamber of Commerce, Inc.
 PO Box 170056, Glendale, WI 53217
 Telephone: 414-332-0900 Fax: 414-332-0914
 www.glendale-chamber.com

Date:

CREDIT CARD PAYMENT FORM

PLEASE TYPE or PRINT required information in the SQUARES below.
FAX to: 414-963-4482
or mail to above address. THANK YOU!

Name of Business:

(If different than name on card)

Type of Card: MasterCard Visa *(Check One)*

Cardholder Name:

Please type/write exactly as name/company appears on card.

Credit Card Number:

Expiration Date: *(Month / Year)*

Last 3 Digits : *(Back of Card)*

Bill Address on Card:

Street Address:

City, State, Zip:

Payment Includes:

Membership Dues (valid through _____): *Enter amount.*

Additional Amount*: *Enter amount if required.*

**description:* _____

TOTAL:

Amount Charged to Card:

Cardholder's Signature:

For Internal Use Only - Do Not Write Below This Line