



Work. Play. Stay.

**Please contact the Delavan Chamber Office
for Membership Dues information.**

262-728-5095

NEW MEMBERSHIP / MEMBERSHIP RENEWAL APPLICATION

Please complete this form in its entirety and mail it, along with your membership investment, to the chamber so that we can keep our files current on you, our valued Chamber member.

ENCLOSED IS MY MEMBERSHIP INVESTMENT FOR *see investment schedule*: \$__ **Call for investment schedule**

Please include the **\$25.00 administrative fee**, for new members only.

Please include the **\$35.00 fee to link our website**.

DATE : _____ DIVISION # _____

NAME OF BUSINESS: _____

CONTACT PERSON: _____

CHIEF EXECUTIVE OFFICER: _____

BUSINESS ADDRESS (*include P.O. Box #*): _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

NUMBER OF FTE (*full time equivalent*) EMPLOYEES: _____

BRIEF DESCRIPTION OF YOUR BUSINESS: _____

PARENT COMPANY NAME: _____

CONTACT PERSON: _____

BUSINESS ADDRESS (*include P.O. Box #*): _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ Submit invoices to parent company? _____

Payment options: Visa Mastercard Card

Exp. Date _____ Signature: _____

or make your check payable to and return to the
Delavan - Delavan Lake Area Chamber of Commerce
52 E. Walworth Ave., Delavan, WI 53115