



Membership Registration Form

PO Box 643
Florence, WI 54151

Find us on the web at:
florencecountychamber.org

Date of request: _____

Organization/ Business Name

Full Address (Street, City/Town, Province, Postal code)

Contact Name

Job Title

Phone

Email

Please Provide Additional Business/Organization Information

Mailing address if different

Website

Facebook

Instagram

Other

- Type of Business**
- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Service | <input type="checkbox"/> Education |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Public Agency | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Hospitality | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Distributor | | |

Join the Chamber Today!

Annual Membership Fee \$85.00 New membership Renewal

Membership fee is prorated for new members joining after July 1st. Contact the membership coordinator for more information.

Please complete and return your registration form by email info@florencecountychamber.org

Mail check payable to **Florence County Chamber of Commerce**
PO BOX 643, Florence WI 54121

For Office Use Only:

Check# _____ Receipt # _____

- Updated information
- Payment Recorded
- Proration Applied

Payment Date _____

Membership **End/Renewal** Date:

