



2019 Membership Application

PO Box 643
Florence, WI 54151

Date Requested _____

Find us on the web at:
florencecountycommerce.org

Organization/ Business Name _____

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

Contact Name _____

Job Title _____

Phone _____

Email _____

Please provide additional information about your business or organization

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 | | |

Thank you for your support!

Annual Membership Fee \$85.00 New membership Renewal

Note: Membership fee may be prorated for new members joining after July 1st. Contact the membership coordinator for more information.

Please complete and return your registration form and 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:

