



2019 Membership Application Form

Membership for January 1, 2019-December 31, 2019

Business Name: _____

Physical Address: _____

Mailing Address: _____

Contact Person: _____

Phone: _____ Fax: _____

E-mail Address: _____

Website Address: _____

Choose membership type:

_____ Business Membership (2 or more employees) \$100 (\$90 if paid by 12/31/18)

_____ Associate Membership (individuals and non-profit organizations) \$50 (\$45 if paid by 12/31/18)

Comments or suggestions? Your input is valued! We want to help you...let us know how.

Please return this form with your check payable to Monticello Chamber of Commerce to:

Monticello Chamber of Commerce
PO Box 281
Monticello, WI 53570
Thank you for your support-It is greatly appreciated!