



## 2024 Membership Application Form

Membership for January 1, 2024-December 31, 2024

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Choose membership type:

\_\_\_\_\_ Business Membership (2 or more employees) \$110 (\$100 if paid by 12/31/23)

\_\_\_\_\_ Associate Membership (individuals and non-profit organizations) \$60 (\$55 if paid by 12/31/23)

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!*