



2026 Membership Application Form

Membership for January 1, 2026-December 31, 2026

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 12/31/25)

_____ Associate Membership (individuals and non-profit organizations) \$60 (\$55 if paid by 12/31/25)

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, greatly appreciated!