



WINONA AREA

CHAMBER OF COMMERCE

2025 MEMBERSHIP APPLICATION

BUSINESS NAME: _____

PHONE: _____ FAX: _____

ADDRESS: _____ CITY: _____

EMAIL: _____ STATE & ZIP: _____

WEBSITE: _____

MAIN REP: _____ EMAIL: _____

TITLE: _____ PHONE: _____

BILLING REP: _____ EMAIL: _____

TITLE: _____ PHONE: _____

BUSINESS DESCRIPTION: _____

BENEFITS MOST INTERESTED IN:

- NETWORKING
- TRAINING FOR STAFF
- INCREASED VISIBILITY
- VOLUNTEER OPPORTUNITIES
- RESOURCES/ACCESS TO INFO
- ADVOCACY/SUPPORT MISSION

EMPLOYEE COUNT:

Your consideration of a voluntary contribution fund to the capital equipment reserve fund of the Chamber is appreciated. Our capital equipment reserve fund purchases and maintains equipment that allows us to do the job more effectively. You may choose to increase, decrease or eliminate the \$40 suggested amount.

SELECT A BUNDLE:

- CONNECTED - \$499
- EXECUTIVE - \$5,000
- ASSOCIATE - \$800
- PREMIER - \$7,500
- INVESTOR - \$1,150
- VISIONARY - \$10,000
- PARTNER - \$2,750

EQUIPMENT FUND - \$40

TOTAL: \$ _____

PAYMENT: ATTACHED INVOICE ME!

I, undersigned, do hereby apply for membership in the Winona Area Chamber of Commerce. I understand this membership will be renewed automatically unless canceled by me, the member. Membership dues in the Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. Dues paid to the Chamber are not a charitable tax deduction for federal income tax purposes. The Chamber is not a charity, but serves as an advocate organization for area businesses.

SIGNATURE _____ **DATE** _____