

Membership Application



CITY HALL, 2424 15th AVENUE, P.O. BOX 207
SOUTH MILWAUKEE, WI 53172
414-762-2222 Ext. 141 FAX 768-9505

APPLICATION FOR MEMBERSHIP SOUTH MILWAUKEE ASSOCIATION OF COMMERCE

Business Name: _____

Address: _____

Mail Address: _____

City: _____ State: _____ Zip Code: _____

Application Date: _____

Owner of Business: _____

Person to contact in terms of Association activities: _____

Name _____ Title _____

Business Phone No.: _____ FAX No.: _____

E-Mail Address: _____ Website: _____

Describe the Business: _____

Date Founded: _____ Number of Employees: _____

Type of Business: Sole Proprietor Partnership Corporation Association Individual

DUES SCHEDULE:

1 – 10 employees = \$75.00

11 – 49 employees = \$105.00

50 – 99 employees = \$135.00

100 or more employees = \$230.00

Home-based Business = \$50.00

Member At-Large = \$50.00

I would be interested in working with the Committee: Membership Retail Economic Development
 Public Relations Education-Seminars.

Please send information.