



**Menominee Chamber of Commerce, Inc.**

P.O. Box 543, Keshena, WI 54135

Physical Address: N559 Library Rd  
Keshena, WI 54135

**APPLICATION FOR MEMBERSHIP**

PLEASE PRINT

Name of Business \_\_\_\_\_

Business Owner/s Name \_\_\_\_\_

Business Address (include mailing address if different) \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Type of Business \_\_\_\_\_

Product or Service \_\_\_\_\_

Year business established \_\_\_\_\_

**Permission to list your business and information on Chamber Website:      Yes  No**

PLEASE CHECK

- Non-Indian \_\_\_\_\_
- Enrolled \_\_\_\_\_ Enrollment # \_\_\_\_\_ Tribe \_\_\_\_\_
- Descendant \_\_\_\_\_ *(provide proof with any official document identifying the applicant's parent as being an enrolled member of a federally recognized tribe along with verification of the relationship; (i.e., your birth certificate listing them as your parent(s). See Bylaws for complete list of proof of American Indian status.)*

Membership is January 1 through December 31 of each year. Please include membership dues with this application. Write check payable to Menominee Chamber of Commerce, Inc.

- \$25.00      Business with 3 employees or less
- \$50.00      Business with 4 employees or more
- \$1,500      Corporate Sponsor
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This application for membership will be reviewed for approval at the next monthly meeting of the Board of Directors. We will send you a certificate of membership, copy of the bylaws, brochure, and business directory at the first opportunity.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment and Amount:    Check \_\_\_\_\_      Cash \_\_\_\_\_

**THANK YOU FOR YOUR MEMBERSHIP!**