

2024 Washburn Chamber Membership

Business/Organization: _____

Contact Name: _____ Title: _____

Number of Full Time Equivalent Employees: _____

Number of years in business _____ Does your business rely on tourism? ___Yes ___No

Demographic Information *

___ Family-Owned ___ Woman-Owned ___ Minority-Owned ___ Disabled-Owned

___ LGBTQ+ Owned ___ 55+ Owned ___ Veteran-Owned ___ None of the Above

**We only use this information to apply for grants, and to connect you with resources and funding opportunities.*

Please choose 1 of the following categories for your listing :

___ Dine ___ Stay ___ Shop ___ Experience/Activity ___ Resource/Services

Street Address _____

Mailing Address: _____ (If different from above.)

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Additional Phone: _____

(This # will be shared with the public on our website & Visitor Guide)

Website: _____

General Email _____

(This email will be shared with the public on our website)

Contact Email : _____

(This email will be used for communication of Chamber Information only)

Facebook URL : _____ Instagram URL: _____

Other URL: _____

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How do you prefer to be contacted?

___ Phone ___ Email ___ Mail ___ Social Media Message ___ Text _____

(Number we should use)

For Office Use
Only:

Check # _____ Date: _____ QB _____ Email _____ Cap _____ Web _____ SS _____ Cling _____

Visitor Guide Each Member will be listed in the Directory of the Guide. Ads available at separate cost.

I'm interested in ad space (Available January-February only, while space is available)

I do not want to be listed in the guide at all.

Sponsorship Opportunities (Select all that you would be interested in supporting)

Music in the Parks Volunteer Appreciation Party Superior Vistas Bike Tour

Brownstone Block Party Halloween Town Turkey Trot Shop Small Holiday Market

Merry ol' Christmas Shop Local Shop Late Mind Your Business Membership Events
(Business After Hours)

How Can We Best Support You (Select all that apply)

I am a small business and want more foot traffic.

I need to build my network and learn about business strategy.

I need the chamber to advocate and provide tools to strengthen my industry in our region.

We need support and connections to fulfill our mission.

I need to grow my brand visibility with the community.

Other: _____

Educational Opportunities (Select all that apply)

I need training for Myself Employees Volunteers Anything Specific? _____

I would like to maximize my membership. Let me know when the next Member 101 takes place.

Additional individuals to receive Chamber email blasts and newsletters:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Please make them aware that you want them to receive these communications.

Non-Profit No Employees-
\$130

Non-Profit with Employees—
\$170

Non-Profit Education,
Healthcare or Government-
\$210

For Profit ≤ 2 FTE Employees—
\$130 (Home Based - Excludes
Lodging)

For Profit ≤ 2 FTE Employees—
\$170 (Includes Owners)

For Profit 3-10 FTE Employees—
\$210

For Profit 10+ FTE Employees-
\$230

Chamber Investor -\$365

Make checks payable to:

WASHBURN AREA CHAMBER OF COMMERCE

P.O. Box 74 - 100 W. Bayfield St Washburn, WI 54891 715.373.5017 info@washburnchamber.com washburnchamber.com