

Fox Cities Chamber of Commerce & Industry  
Membership Application

Firm Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone \_\_\_\_\_ FAX # \_\_\_\_\_ Number of Employees \_\_\_\_\_  
Investment Amount: \_\_\_\_\_ +\$25.00 = \_\_\_\_\_  
Type of business \_\_\_\_\_  
Billing person \_\_\_\_\_ Title \_\_\_\_\_  
Authorized by \_\_\_\_\_ Title \_\_\_\_\_  
Chamber member sponsor \_\_\_\_\_

Membership dues in the Chamber of Commerce may be tax deductible as an ordinary and necessary 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 business.

E-Mail Address: \_\_\_\_\_  
Internet Website: \_\_\_\_\_  
Annual Gross Sales: \_\_\_\_\_  
Year Business Established in Fox Cities: \_\_\_\_\_  
PARENT COMPANY Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Does Your Firm Primarily Distribute: \_\_\_ Locally \_\_\_ Regionally \_\_\_ Nationally

Is Your Firm Involved in International Trade: \_\_\_ Yes \_\_\_ No

If so: \_\_\_ Importer \_\_\_ Exporter

Which Countries: \_\_\_\_\_

Is Your Firm Unionized: \_\_\_ Yes \_\_\_ No, If so, Which Union(s): \_\_\_\_\_

Is Your Firm:

A Corporate Headquarters: \_\_\_ Yes \_\_\_ No

A Privately Owned Corporation: \_\_\_ Yes \_\_\_ No

A Publicly Owned Corporation: \_\_\_ Yes \_\_\_ No

A Sole Ownership: \_\_\_ Yes \_\_\_ No

A Privately Owned Sub-s Corporation: \_\_\_ Yes \_\_\_ No

A Partnership: \_\_\_ Yes \_\_\_ No

A Employee Owned Corporation: \_\_\_ Yes \_\_\_ No

A Limited Liability Corporation: \_\_\_ Yes \_\_\_ No

A Non Profit Organization: \_\_\_ Yes \_\_\_ No

**Product/Service**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does Your Firm Produce a Newsletter: \_\_\_ Yes \_\_\_ No

If so, do you accept information from outside sources: \_\_\_ Yes \_\_\_ No