

Investment Schedule

Businesses / Organizations Within the City of Sun Prairie or Sun Prairie School District
(and individual Sales Representatives that serve Sun Prairie)

- Base of \$190.00 plus amount from employee chart.

Businesses / Organizations Outside the City of Sun Prairie or Sun Prairie School District

- Base of \$290.00 plus amount from employee chart.

Non-profit:

- Base of \$90.00 plus amount from employee chart.

Schools:

- Schools that obtain more than 25% of its funding from taxpayer dollars: \$400

Retirees and Individual Memberships (not associated with any business):

- \$45.00
Requirements for this level include: (subject to change)

- Individual must not be self-employed
- Individual does not receive these member benefits: listing in community guide or on chamber website, sponsorships/donations or advertising benefits, cannot purchase member labels or receive member list; cannot purchase business list or labels at member price; cannot represent a company in any form - in member listing, at chamber events via business cards/nametags or other company identification; cannot purchase booth space at an event representing a business
- Individual can participate in these chamber programs: luncheons, mixers, volunteer on any committee, Leadership Sun Prairie, can purchase city maps, media guide, employer guide, and discount keytags at member price and will receive member newsletter and flier mailings

Full-time Equivalent Employees **	Amount Per Employee
2 - 10	\$5.00
11 - 25	\$4.00
25 - 100	\$3.00
101 and over	\$2.00

Applies to all categories unless designated:

- ** Three part-time or seasonal employees are calculated as one full-time equivalent
- Businesses/Organizations outside the school district pay for the number of employees based in the community or that "service" Sun Prairie. (This option doesn't apply to 'Schools' category)
- Dues are calculated on a calendar year and are prorated monthly as needed to maintain the calendar year schedule
- Members who join in the last quarter are prorated for the quarter plus include upcoming year member fees

Note: a \$25.00 processing fee will be assessed to any member who cancels their membership, then rejoins the Sun Prairie Chamber of Commerce within one year.

- Membership fees are a deductible business expense

Pay membership dues with Visa or Mastercard via Paypal. We will e-mail you an invoice that connects you directly to Paypal to process your credit card.

Membership Commitment

As a new Chamber Member we understand our level of participation in Chamber programs is our decision. All members receive the "automatic" promotion associated with membership including but not limited to: our Community Guide, member referrals, Website Business directory and Web-links.

Our total member fees are: (as calculated from the fees described and prorated if applicable)

\$ _____

Our Business/organization agrees to hold harmless the Board of Directors, staff and membership of any action taken against the Sun Prairie Chamber of Commerce. Investments are payable in advance and memberships automatically renew each year unless written advance notice is given.

I understand that membership may be terminated due to non-payment of my annual investment.

Membership application is on reverse side. Please mail / return with dues payment to:

Sun Prairie Chamber of Commerce
109 E. Main St.
Sun Prairie, WI 53590

Phone: (608) 837-4547
Fax: (608) 837-8765
spchamber@frontier.com
www.sunprairiechamber.com

Membership Application

Date: _____ Total Membership Fees per year: \$ _____

Pro-rated amount. (refer to reverse side for explanation)

\$ _____

New Business: _____ New Member: _____ I have been a member before: _____

Business / Organization Name: _____

President/CEO: _____

Mailing Address: _____

City, State, Zip: _____

Business Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

E-Mail: _____ Website: _____

(mailings will be sent to the business address unless applicant designates another address)

Additional Contacts (also list person to receive all correspondence if different from President/CEO)

Name #1: _____ Title #1: _____

Name #2: _____ Title #2: _____

Type of Business: _____ # of Employees: _____ Full-time: _____

Part-time: _____

Please sign below to indicate agreement to membership terms and to allow the Sun Prairie Chamber of Commerce to fax or e-mail your company/organization information regarding benefits, events, products or services related to your membership.

Signature: _____

Why did you join the Chamber? _____

What do you want from your membership? _____



***We Promote, Connect,
and Advocate for our Members.***

Our Mission:
To Foster, Promote and Protect the Business Interest of its Members and to Create a Positive Economic, Political, Educational and Social Climate in Sun Prairie.

**Investment Schedule
&
Membership
Application**