Waupaca Area Chamber of Commerce Investment Agreement

COMPANY INFORMATION							
Company Name		D).B.A.				
Mailing Address							
Physical Address (if different)							
Billing Address (if different)							
Phone	Fax		F	ederal ID			
Date Business Established	Business Email						
Number of Employees N	lumber of Employees Part-Time Web	osite					
Facebook		Twi	tter				
INVESTMENT SCHEDULE BUSINESS CATEGORIES See worksheet to check calculation of Membership Investment							
Financial Institutions \$19.50 per million in local assets Hospital/Nursing/Care Facilities Sp. 50 per million in local assets Sp. 50 per room/unit (locally) Sp. 50 per full-time equivalent up to 100 (includes additional owners/partners) Sp. 50 per additional full-time equivalent (over 100 employees) No additional fees. Professional Sp. 50 per additional professional (Accountant, Engineer, Doctor, Attorney, Pharmacist, Funeral Director & Architect) Sp. 50 per additional professional (Independent agent, Insurance & Real Estate) Sp. 85 per full-time equivalent Sp. 85 per full-time Sp. 85							
	7			Cash	Visa	MC	Discover
Annual Investment		neck#		<u> </u>			
Additional Fees	Ac	ccount Num	nber [
Total Due			Sec C	Code		Exp Date	
Signature					Date		
Return the Investment Agreement, Investment Worksheet and Investment Fee payment to:							

Return the Investment Agreement, Investment Worksheet and Investment Fee payment to Waupaca Area Chamber of Commerce, Inc., 315 S Main Street, Waupaca WI 54981 (715) 258-7343