



MEMBERSHIP INVESTMENT SCHEDULE

Please calculate your membership investment by identifying your category and the number of employees working at your Rhineland Area business.

STANDARD BUSINESS

Includes: ALL businesses except specialized categories outlined below.

FTE* Employees	Investment	FTE* Employees	Investment
1-5	\$295	151-200	\$1000
6-10	\$310	201-300	\$1195
11-20	\$360	301-400	\$1650
21-40	\$390	401-500	\$2010
41-60	\$450	501-1000	\$2500
61-100	\$580	1000 & Up	\$3600
101-150	\$790	*FTE includes all employees. 2 part time = 1 full time	

LODGING FACILITY

Includes: Hotels, Resorts, TRHs, Cabins and Campgrounds

The base rate for lodging facilities is found on the above standard business sliding scale; in addition, lodging facilities must pay:

Per Bedroom: \$4

Per Campsite: \$0.75

Example: A lodging facility with 10 employees, 20 campsites, 12 hotel rooms and 3 three-bedroom cabins would pay \$409.

Base rate: \$310 Campsites: 20x\$0.75= \$15 Hotel Rooms: 12x\$4=\$48 Cabins: 3 bedrooms x 3 cabins x \$4 = \$36

NON-PROFIT/CIVIC

FTE* Paid Employees	Investment	FTE* Paid Employees	Investment
0-3	\$185	4 & Up	\$350

Includes: Non-Profits, Community Groups, Government Entities, Schools

SOLE PROPRIETOR/ENTREPRENEUR - \$265

Includes: Individually owned businesses. Qualifying businesses must not employ more than the owner and spouse. Members may work from home, or rent/own offsite- retail or office space. These businesses have no employees.

INDIVIDUALS/FRIENDS OF THE CHAMBER - \$35

Includes: Individuals that support our mission, but are not associated with a member business, usually Chamber Ambassadors. These members do not represent any business or organization and do not have voting privileges.

* Do you own multiple businesses? Ask us about the multi-business discount! *

MEMBERSHIP APPLICATION



COMPANY INFORMATION: Please list mailing and billing addresses, if different than physical address.

Company Name:	
Physical Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Billing Address:	City, State, Zip:
General Phone:	General Email:
Website:	Social Media: Facebook Instagram LinkedIn

COMPANY REPS: Please list those within your organization you would like to receive e-mail correspondence on Chamber events, programs, etc. Please indicate if you have a specific billing rep other than the primary rep.

Name	Title	Direct Email Address	Direct Phone
Primary:			

MEMBERSHIP CATEGORY: Please choose which investment category you are in based on the page one descriptions. Only check one.

<input type="checkbox"/> Standard Business	<input type="checkbox"/> Lodging Facility	<input type="checkbox"/> Non-Profit/Civic
<input type="checkbox"/> Sole Proprietor/Entrepreneur	<input type="checkbox"/> Individual/Friend of the Chamber	<input type="checkbox"/> I'm not sure where I fit, contact me.

BUSINESS DESCRIPTION: Please provide us with a brief overview of your business and your products/services.

OPERATIONS: Please fill out this section in its entirety as it applies to you. It helps us tailor programs and opportunities available to you.

Number of full-time equivalent (FTE) employees: _____ *FTE includes all employees. 2 part-time=1 full-time	Business established in:
Please circle if you/your business fits any of the following categories:	
<input type="checkbox"/> Woman Owned <input type="checkbox"/> Minority Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Disability Owned <input type="checkbox"/> Sustainably Focused/Green Certified <input type="checkbox"/> Family Owned <input type="checkbox"/> Home Based Business <input type="checkbox"/> Own Multiple Businesses	
Number of Hotel Rooms or Bed Rooms:	Number of Campsites:

2024

MEMBERSHIP APPLICATION (CONT.)



WHY: Why did you choose to invest in a Rhinelanders Chamber Membership?			
Member Benefits		Networking & Lead Generation	Advocacy
Programs & Services		Economic Development	Community Involvement
Other:			

CHAMBER BUCKS: Support the Buy Local movement – do you want to opt in for accepting Rhinelanders Chamber Bucks?		
I will accept Chamber Bucks	I would like to learn HOW to accept Chamber Bucks	I cannot accept Chamber Bucks.

I WOULD LIKE TO LEARN MORE ABOUT:			
Sponsoring a Chamber Event or Program		Volunteering at a Chamber Event or Program	Becoming a Board Member
Advertising in the next Area Guide		Receiving a Digital Presence Audit	Supporting the Anniversary Investor Campaign
Other:			

Signature: _____

Date: _____

Annually you will automatically receive an invoice for the following year’s membership investment. This invoice will be sent in advance of your membership anniversary. i.e. If you join in May 2024, your membership runs May 2024-April 2025. You will be invoiced in April 2025 for the following year.

MEMBERSHIP INVESTMENT: Please fill the with the appropriate values.	
Base Annual Membership Investment	\$
Additional Lodging Facility Investment	\$
Total Investment Due	\$
Circle how you would like to pay Pay via cash/check/card in person or via mail	
Please invoice me	

For internal office use only –

Official Join Date: _____ Annual Investment: _____

Directory Categories: _____

Notes: _____

DB - Packet/Cling - HH - Social - CC - PC - QB - MIC Log In