Galesville Area Chamber of Commerce

PO Box 196, Galesville, Wisconsin 54630

**2025 Individual Membership Application/Renewal**

Member Name:

Mailing Address:

City, State, Zip:

Phone:

Email:

**Individual Membership Dues** ……………….…………………………..………….……………... $ 25

The Chamber Meeting Agenda will be sent to your email prior to each monthly meeting.

Please complete this form and return it with

your membership dues.

(Make changes if necessary)

 *Checks payable to: Galesville Area Chamber of Commerce*

*Mail to: PO Box 196, Galesville, WI 54630-0196*

Amount Enclosed: \_\_\_\_\_\_\_\_\_\_

 Check #: \_\_\_\_\_\_\_\_\_\_\_\_

Date Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_