



## MEMBERSHIP RENEWAL/APPLICATION

Date of Application \_\_\_\_\_

Total number of employees at present: \_\_\_\_\_

Based on this number and the following scale, indicate annual dues payable.

Make your check payable to WWSBA, P. O. Box 1131, Wausau, WI 54402-1131.

Number of Employees	Annual Dues	Amount Paid
<input type="checkbox"/> 1 to 5	\$ 45.00	
<input type="checkbox"/> 6 to 30	\$ 60.00	\$ _____
<input type="checkbox"/> 31 to 50	\$ 95.00	
<input type="checkbox"/> 51 & Over	\$135.00	
<input type="checkbox"/> Non-profit	\$ 35.00	
<input type="checkbox"/> Individuals	\$ 25.00	

Your paid membership entitles you to one free listing on our website. Please indicate below how you wish your listing to appear.

Subject Heading (restaurants, financial services, attorneys, etc.): \_\_\_\_\_

Business Name: \_\_\_\_\_

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: www. \_\_\_\_\_

Link to [www.wausauwestside.com](http://www.wausauwestside.com)

I want to receive meeting notices by email at the following addresses (no limit)

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_