



## Application Form

**Business Status:**  New Member  Member Update/renewal

**Business Name:**

**Contact Person:**  **Phone:**

**Physical Address:**

**Mailing Address:**

**Business Phone:**  **Email:**

**Website:**

**Primary Social Media Page:**

**Type of Business:** ( Please select at least 1 )

<input type="checkbox"/> Advertising	<input type="checkbox"/> Animal Care	<input type="checkbox"/> Automotive	<input type="checkbox"/> Bait/Tackle
<input type="checkbox"/> Financial	<input type="checkbox"/> General Services	<input type="checkbox"/> Housing	<input type="checkbox"/> Insurance
<input type="checkbox"/> Lodging/Camping	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Medical	<input type="checkbox"/> Religious
<input type="checkbox"/> Food Beverage	<input type="checkbox"/> Retail	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Beauty
<input type="checkbox"/> Public/Utility	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Construction	
<input type="checkbox"/> Community/Civic/Service Org.	<input type="checkbox"/> Other <input type="text"/>		

**Brief Business Description:**

Annual Dues: \$100.00

Please Mail this form along with the payment to:

*Cameron Business Association, PO BOX 511, Cameron, WI. 54822*