



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