



2019 MEMBERSHIP CONTRACT

SEPTEMBER 1, 2018 - AUGUST 31, 2019

BAYFIELD CHAMBER & VISITOR BUREAU
PO BOX 138 | BAYFIELD, WI 54814

PLEASE REVIEW THIS FORM IN ITS ENTIRETY. Make ALL corrections on this form to ensure the most current information on you and/or your business.

BUSINESS NAME: _____

PRIMARY REPRESENTATIVE: _____

PHYSICAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MAIN PHONE #: _____ **CELL #:** _____

TOLL FREE #: _____ **EMAIL:** _____

WEBSITE: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BILLING REP: _____ **EMAIL:** _____

ADDITIONAL EMPLOYEE: _____ **EMAIL:** _____

GENERAL MEMBERSHIP	STAY - LODGINGS	OTHER MEMBERSHIPS
<p>\$320</p> <p>EXPERIENCE</p> <p><input type="checkbox"/> ADVENTURE</p> <p><input type="checkbox"/> RELAX</p> <p><input type="checkbox"/> ARTS & CULTURE</p> <p><input type="checkbox"/> LEARN</p> <p><input type="checkbox"/> SHOP</p> <p>DINE</p> <p><input type="checkbox"/> FINE DINING</p> <p><input type="checkbox"/> COFFEE/BAKERY/TO GO</p> <p><input type="checkbox"/> FAMILY FRIENDLY</p> <p><input type="checkbox"/> PIZZA/PUB</p> <p><input type="checkbox"/> LOCAL FARE/SEASONAL</p> <p><input type="checkbox"/> PROFESSIONAL SERVICE</p> <p>Service(s) offered: _____</p> <p><input type="checkbox"/> NON-PROFIT SERVICE ORGANIZATION</p> <p>Offering a paid service and/or products.</p>	<p>\$320</p> <p><input type="checkbox"/> CAMPGROUNDS & MARINAS</p> <p><input type="checkbox"/> HOMES, CONDOS, CABINS & COTTAGES</p> <p><input type="checkbox"/> HOTELS, MOTELS & SUITES</p> <p><input type="checkbox"/> INNS, BED & BREAKFASTS</p> <p><input type="checkbox"/> RESORTS & LODGES</p> <hr/> <p><input type="checkbox"/> LODGING INSIDE THE CITY OR TOWN OF BAYFIELD</p> <p><i>(Paying room tax to the City or Town of Bayfield. Add an additional \$15 per room.)</i></p> <p># of rooms: _____ X \$15 = _____</p> <p>Total = \$320+ _____ = _____</p> <hr/> <p><input type="checkbox"/> LODGING OUTSIDE THE CITY OR TOWN OF BAYFIELD</p> <p><i>(Not paying room tax to the City or Town of Bayfield. Add \$100 and an additional \$25 per room.)</i></p> <p># of rooms: _____ X \$25 = _____</p> <p>Total = \$320 + \$100+ _____ = _____</p>	<p>\$50</p> <p><input type="checkbox"/> FRIEND</p> <p><i>Individuals/Families only. No voting, advertising, or promotional benefits.</i></p> <hr/> <p>\$50</p> <p><input type="checkbox"/> NON-PROFIT SERVICE ORGANIZATION</p> <p><i>Organizations that do not offer any paid services or products. SMERF: Social, Military, Educational, Religious, Fraternal</i></p> <hr/> <p>\$160</p> <p><input type="checkbox"/> HOME BASED BUSINESS</p> <p><i>Any non-lodging business that is based out of a home, has no retail space, does not sell work of others, and has no employees.</i></p>

Payment must be enclosed with SIGNED contract. Membership fees are nonrefundable.

SIGNATURE: _____ **DATE:** _____

For Office Use Only

Date Paid: _____ Amount Paid: _____ Check #: _____ Add'l Business: _____ Type: _____ Total: \$ _____