

2026

MEMBERSHIP INVESTMENT SCHEDULE



Please calculate your membership investment by identifying your category and the number of employees working at your Rhinelander area business.

STANDARD BUSINESS

Includes: ALL businesses except specialized categories outlined below.

FTE* Employees	Investment	FTE* Employees	Investment
1-5	\$315	151-200	\$1100
6-10	\$335	201-300	\$1350
11-20	\$390	301-400	\$1850
21-40	\$440	401-500	\$2200
41-60	\$500	501-1000	\$2700
61-100	\$630	1000 & Up	\$3850
101-150	\$885	*FTE includes all employees. 2 part time = 1 full time	

LODGING FACILITY

Includes: Hotels, Resorts, TRHs, Cabins and Campgrounds

The base rate for lodging facilities is found on the above standard business sliding scale; in addition, lodging facilities must pay:

Per Bedroom: \$4	Per Campsite: \$0.75
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Example: A lodging facility with 10 employees, 20 campsites, 12 hotel rooms and 3 three-bedroom cabins would pay \$434.

Base rate: \$335 Campsites: $20 \times \$0.75 = \15 Hotel Rooms: $12 \times \$4 = \48 Cabins: $3 \text{ bedrooms} \times 3 \text{ cabins} \times \$4 = \$36$

NON-PROFIT/CIVIC

Includes: Non-Profits, Community Groups, Government Entities, Schools

FTE* Paid Employees	Investment	FTE* Paid Employees	Investment
0-3	\$225	4 & Up	\$390

SOLE PROPRIETOR/ENTREPRENEUR - \$290

Includes: Individually owned businesses. Qualifying businesses must not employ more than the owner and spouse. Members may work from home, or rent/own offsite- retail or office space. These businesses have no employees.

INDIVIDUALS/FRIENDS OF THE CHAMBER - \$35

Includes: Individuals that support our mission, but are not associated with a member business. These members do not represent any business or organization and do not have voting privileges.

* Do you own multiple businesses? Ask us about the multi-business discount! *

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MEMBERSHIP APPLICATION



RHINELANDER
AREA CHAMBER OF COMMERCE

COMPANY INFORMATION: Please list mailing and billing addresses, if different than physical address.

Company Name:	
Physical Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Billing Address:	City, State, Zip:
General Phone:	General Email:
Website:	Social Media: <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn

COMPANY REPS: Please list those within your organization you would like to receive e-mail correspondence on Chamber events, programs, etc. Please indicate if you have a specific billing rep other than the primary rep.

Name	Title	Direct Email Address	Direct Phone
Primary:			

MEMBERSHIP CATEGORY: Please choose which investment category you are in based on the page one descriptions. Only check one.

Standard Business	Lodging Facility	Non-Profit/Civic
Sole Proprietor/Entrepreneur	Individual/Friend of the Chamber	I'm not sure where I fit, contact me.

BUSINESS DESCRIPTION: Please provide us with a brief overview of your business and your products/services. (200-character maximum, including spaces.)

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OPERATIONS: Please fill out this section in its entirety as it applies to you. It helps us tailor programs and opportunities available to you.

Number of full-time equivalent (FTE) employees: _____ *FTE includes all employees. 2 part-time=1 full-time	Business established in:			
Please circle if you/your business fits any of the following categories:				
Woman Owned	Minority Owned	Veteran Owned	Disability Owned	Sustainably Focused/Green Certified
Family Owned	Home Based Business	Own Multiple Businesses		
Number of Hotel Rooms or Bedrooms:	Number of Campsites:			

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MEMBERSHIP APPLICATION (CONT.)



WHY: Why did you choose to invest in a Rhinelander Chamber Membership?

Member Benefits	Networking & Lead Generation	Advocacy
Programs & Services	Economic Development	Community Involvement
Other:		

CHAMBER BUCKS: Support the Buy Local movement – Do you want to opt in for accepting Rhinelander Chamber Bucks?

I will accept Chamber Bucks.	I would like to learn HOW to accept Chamber Bucks.	I cannot accept Chamber Bucks.
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I WOULD LIKE TO LEARN MORE ABOUT:

Sponsoring a Chamber Event or Program	Volunteering at a Chamber Event or Program	Becoming a Board Member
Becoming a Chamber Ambassador	Advertising in the next Area Guide	Chamber Bucks
Other:		

Signature: _____

Date: _____

Annually you will automatically receive an invoice for the following year's membership investment. This invoice will be sent in advance of your membership anniversary. (i.e. If you join in May 2026, your membership runs May 2026-April 2027. You will be invoiced in April 2027 for the following year.)

MEMBERSHIP INVESTMENT: Please fill out with the appropriate values.

Base Annual Membership Investment	\$
Additional Lodging Facility Investment	\$
Total Investment Due	\$
Circle how you would like to pay:	
Cash	Check
Credit Card	Invoice Me

For internal office use only –

Official Join Date: _____ Annual Investment: _____

Directory Categories: _____

Notes: _____

DB - Packet/Cling - HH - Social - CC - PC - QB - MIC Log In