



Associate Membership Dues for 2017

It is time for your annual renewal of your Associated Membership with The Brillion Chamber of Commerce so that you are eligible for health insurance discounts through **Network Health Group Insurance** as a Chamber of Commerce member.

BUSINESS NAME: _____

CONTACT: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

(This is for Chamber business only and is not given or sold to anyone other person or organization for any other purpose).

WORK PHONE: _____

NETWORK HEALTH INSURANCE AGENCY:

NETWORK HEALTH INSURANCE AGENT:

Pay online at www.brillionchamber.com You will find a PayPal link under Chamber Information: Becoming a Member/Renewals. Choose Associate Membership from dropdown list. Or make your check payable in the sum of **\$100.00** payable to the ***Brillion Chamber of Commerce*** and mail to:

Brillion Chamber of Commerce
PO Box 123
Brillion, WI 54110
920-875-0125