



Dear Chamber Executive Director,

Please complete the form below to certify that the company listed is currently a member of your chamber of commerce.

Please fax the completed form to (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Attn: \_\_\_\_\_  
Or e-mail to \_\_\_\_\_

Thank you,

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

.....

## Certificate of Chamber Membership

I understand that \_\_\_\_\_ has applied for insurance under the HCC Health Plan offered by WPS Health Insurance, which requires membership in the Healthy Communities Cooperative, as well as a participating chamber of commerce located in Dane, Dodge, Green, Jefferson, Rock or Walworth counties in Wisconsin.

I hereby certify that \_\_\_\_\_ is currently a member of the \_\_\_\_\_ Chamber of Commerce, with membership due for renewal on \_\_\_\_\_.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_