



YOUR BUSINESS CONNECTION

Membership Application

Company Name _____

Chamber Representative and Title _____

(Primary Contact: person listed on chamber website; receives all mailings, etc.)

Address _____

City _____ Zip Code _____

Phone _____ Fax _____

E-mail _____ Website _____

Twitter _____ Facebook _____

Business Category _____

Purpose for Joining: Website Listing Networking Education
 Lobbying Other _____

How did you hear about the Brookfield Chamber?

Referred By _____ Media _____

Website _____ Other _____

A membership may be revoked by the Board of Directors for conduct deemed detrimental to the Chamber's programs or reputation.

Signature _____ Date Joined _____

Additional Employees to Receive Emails

Employee Name _____ Title _____

E-mail _____

Employee Name _____ Title _____

E-mail _____



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Membership Application Continued

2018 12-Month Annual Investment

Based on the number of full-time equivalent employees

- 1 – 5\$380
- 6 - 10\$430
- 11 – 25\$585
- 26 – 75\$830
- 76 – 125\$980
- 126 – 200\$1200
- 201 – 299\$1435
- 300 +\$1700

Investment

- Total Annual Investment** _____
From above schedule
- One-time application fee** (required) \$50 \$ 50.00
- Member Mailing List** – Special new member discounted rate at \$40 _____
One-time use only and must complete request form
- Additional business categories** _____
Up to two additional at no added charge

Total Amount Due _____

Membership fee is non-refundable

Make checks payable to the Greater Brookfield Chamber of Commerce or pay via MasterCard or Visa

- I have included a check in the amount of \$ _____
- I choose to pay by MasterCard or Visa (please fill out the information below)

Credit card number _____ Exp. Date _____ 3-Digit # on back _____

Name as it appears on card (print) _____ Date _____ Signature _____

Address for credit card billing statement _____ City _____ State & Zip _____