



YOUR BUSINESS CONNECTION

Membership Application

Company Information

Company Name _____

Owner/President/GM _____ ☐ Check if billing contact

Email _____ ☐ Check to **not** receive regular Chamber emails

Address _____

City / State _____ Zip _____

Phone _____ Fax _____

Website _____

Number of Employees _____ Facebook _____

Business Category _____

How did you hear about the Brookfield Chamber?

Referred by _____ Website _____

Other _____

Your **primary** Chamber representative will be (this person will be **listed on our website** and will be the "face" of the company)

Representative's name _____ Phone _____

Email Address _____ Title _____

Additional Employees to Receive Emails (such as weekly newsletters and event reminders)

Employee Name _____ Title _____

Email _____

Employee Name _____ Title _____

Email _____

*If you have additional employees that you would like to receive emails, please send their name, title and email address to bcc@brookfieldchamber.com.

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

Signature _____ Date _____



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Membership Application Continued

2020 12-Month Annual Investment

Based on the number of full-time equivalent employees

- ☐ 1 – 5\$395
- ☐ 6 - 10\$450
- ☐ 11 – 25\$615
- ☐ 26 – 75\$875
- ☐ 76 – 125\$1035
- ☐ 126 – 200\$1230
- ☐ 201 – 299\$1470
- ☐ 300 +\$1740

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