



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

## 2019 12-Month Annual Investment

Based on the number of full-time equivalent employees

- 1 – 5 .....\$390
- 6 - 10 .....\$440
- 11 – 25 .....\$600
- 26 – 75.....\$850
- 76 – 125.....\$1005
- 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