



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

2017 12-Month Annual Investment

Based on the number of full-time equivalent employees

- 1 – 5.....\$375
- 6 – 10.....\$420
- 11 – 25.....\$575
- 26 – 75.....\$815
- 76 – 125.....\$965
- 126 – 200.....\$1185
- 201 – 299.....\$1410
- 300+.....\$1670

One-time application fee (required) \$50

Member Mailing List – Special new member discounted rate of \$40 _____

One-time use only and printed on white labels or Excel spreadsheet

Additional business category _____

\$25 per category

Total amount paid _____

Membership is non-refundable

Make checks payable to the Greater Brookfield Chamber of Commerce or payment via credit card - M/C 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* *charge amount*

name as it appears on credit card *date* *signature*