



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 \_\_\_\_\_

Do you know someone like you that would find value in joining the Brookfield Chamber?  
please provide their name, company name, and phone number. thank you!

\_\_\_\_\_

Signature \_\_\_\_\_ Date Joined \_\_\_\_\_

## ADDITIONAL EMPLOYEES TO RECEIVE EMAILS

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_



YOUR BUSINESS CONNECTION

# Membership Application Continued

## 2013 12-Month Annual Investment

Based on the number of full-time equivalent employees

- 1 – 5 ..... \$345
- 6 – 10 ..... \$385
- 11 – 25 ..... \$530
- 26 – 75 ..... \$755
- 76 – 125 ..... \$885
- 126 – 200 ..... \$1080
- 201 – 299 ..... \$1290
- 300+ ..... \$1530

**One-time application fee (required)** **\$50**

**Member Mailing List** – Special new member discounted rate of \$35 \_\_\_\_\_  
*One-time use only and printed on white labels -- available for pick up at Chamber office*

**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*

\_\_\_\_\_ *billing address for card name - numeric only*

\_\_\_\_\_ *billing zip code*

\_\_\_\_\_ *date*

\_\_\_\_\_ *signature*