



Application for Membership

New Renewal Change of info

Business Name* _____

Business Address* _____

Type of Business _____

Member Name* _____

Member Address _____

Business Phone* _____ Cell Phone _____

Business Email* _____

Web Address* _____

Signature _____ Date _____

*Appears on Chamber Website

PLEASE CHECK

Contact me about hosting a Business Luncheon and/or After Hours

Contact me to assist on a committee or event

Contact me about Farmers Market sponsorship

DUES ARE PAYABLE ANNUALLY BY JANUARY 1ST

Business Type:

Business.....\$125.00

Non-profit organization.....\$ 90.00

One person non-business (resident).....\$ 50.00

MAKE CHECK PAYABLE TO:

Brookfield Chamber of Commerce

PLEASE MAIL COMPLETED

APPLICATION AND CHECK TO:

Brookfield Chamber of Commerce

P.O. Box 38

Brookfield, IL 60513