



825 Federal Road; Brookfield, CT 06804
203-775-8282

APPLICATION FOR MEMBERSHIP

Company Name: _____

Date: _____

Key Contact: _____

Title: _____

Mailing Address:

street: _____

city: _____ state: _____ zip: _____

Phone: _____ **Fax:** _____

Email: _____

Website: _____

Business Category Listing:

(e.g., Accounting, Banking, Marketing, Plumbing, Real Estate, Retail.)

See brookfieldchamber.org/member-directory for a current list of categories)

Number of Employees: _____

Dues Category:

Please Check One

- \$75 Non-Profit
- \$125 Individuals or Independent Contractor (e.g., realtors, insurance agents)
- \$175 3 to 10 employees
- \$225 11 to 20 employees
- \$300 20 or more employees
- \$500 National Corporation

Enclosed is our check in the amount of \$ _____
*Please make check payable to
Brookfield Chamber of Commerce*

Please charge our Mastercard or Visa:

Name on Card: _____

Card #: _____

Exp. Date: _____

Billing Address:

street: _____

city: _____

state: _____ zip: _____

Phone: _____