



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](http://brookfieldchamber.org/member-directory) for a current list of categories)

**Number of Employees:** \_\_\_\_\_

**Dues Category:**

Please Check One

- \$85 Non-Profit
- \$140 Individuals or  
Independent Contractor  
(e.g., realtors, insurance agents)
- \$195 3 to 10 employees
- \$250 11 to 20 employees
- \$350 20 or more employees
- \$575 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: \_\_\_\_\_