



Membership Application

Business Information

Business Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: _____
Email: _____
Brief Description of Business: _____

Years in Business: _____ Website: www._____
Facebook.com/_____ Twitter.com/_____

Business Contact Information

Full Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Email: _____

**Please email us a high resolution (300 DPI) logo of your business in the size of 10"x 10"*

Permission and Acceptance

I/We hereby request a membership with Brooklyn Area Chamber of Commerce.
 I/We have checked the appropriate box in the Fee Schedule (to the right) which fairly represents the category of our membership (Business, Organization or individual)
 I/We wish to be contacted regarding committee assignment(s).

Fee Schedule

\$35 Associate Membership
(Non-Voting membership for Non-Business, or inactive businessperson, service groups, non-profit organizations, government entities, schools, churches and clubs)
 \$65 Self Employed/Home-based Business
(No Employees)
 \$125 Small Business
(1-5 Employees)
 \$200 Medium Business
(6-20 Employees)
 \$250 Large Business
(21+ Employees)

Signature _____

Date: _____ Form of Payment: _____

