



**BROOKVILLE / FRANKLIN COUNTY  
CHAMBER OF COMMERCE**

*Membership Application*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Type of Business: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

**Dues**

Not for Profit	\$50.00
1 to 4 Employees	75.00
5 to 20 Employees	150.00
21 to 50 Employees	350.00
51 and above	500.00
Hospital and Medical Center	300.00

\*Part-time and seasonal employees counts as ½ an employee.

**Brookville / Franklin Co. Chamber of Commerce ~ P.O. Box 211 – Brookville, IN 47012**