



**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
50 to 20 Employees	150.00
21 to 50 Employees	350.00
51 and above	500.00

*Part-time and seasonal employees counts as 1/2 an employee.