

APPLICATION FOR MEMBERSHIP

Greater Breckinridge County Chamber of Commerce

INDIVIDUAL/BUSINESS NAME _____

Street/P.O. Box _____ City _____ State _____ Zip Code _____

Phone # _____ Fax # _____

BUSINESS CLASSIFICATION (1) _____ (2) _____
 (for business directory yellow pages)

REPRESENTATIVE/TITLE _____

E-mail Address _____

Phone # _____

REPRESENTATIVE/TITLE _____

E-mail Address _____

Phone # _____

TOTAL NUMBER OF EMPLOYEES (including part-time employees, full-time employees and owner(s) at all locations, if more than one) _____ ANNUAL MEMBERSHIP INVESTMENT (membership is from anniversary date to anniversary date) \$ _____ (Please refer to Investment Schedule)

Membership Investment Schedule

Business-fee is calculated according to number of Employees (including part-time employees, full-time employees and owners)

1-5 employees	\$125.00	Family (Non-commercial)	\$50.00
6-10 employees	\$175.00	Individual (Non-commercial)	\$35.00
11-15 employees	\$225.00	Farmer non-payroll	\$75.00
16-20 employees	\$275.00	Non-Profit Organizations	
21 and up employees	\$325.00	(gross receipts under \$25,000)	\$50.00
Non-Domicile	\$125.00	Non-Profit Organizations	
(business located outside Breckinridge County)		(gross receipts over \$25,000)	\$100.00

Associate Fee \$100.00
 (your name and listing under the firms listing)

Please give us a 15-word or less description of your products(s) or service(s). This may be printed in various Chamber publications.

E-MAIL ADDRESS _____ WEB SITE ADDRESS _____

Signature _____ Date _____

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