



MEMBERSHIP APPLICATION

This information will be used for your website listing — please complete all areas.
A new form must be completed for each additional business owned by the same sole proprietor or corporation.

BUSINESS NAME _____

FIRST NAME _____ LAST NAME _____ TITLE _____

EMAIL _____

BUSINESS PHONE _____ CELL PHONE _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

WEBSITE _____

BUSINESS CATEGORY _____

BRIEF DESCRIPTION (for Website listing) _____

I WILL PARTICIPATE IN THESE CHAMBER PROGRAMS BY OFFERING THE FOLLOWING DISCOUNT:

<input type="checkbox"/> MEMBER TO MEMBER DISCOUNT	DISCOUNT	<input type="text"/>
<input type="checkbox"/> MILITARY DISCOUNT PROGRAM	DISCOUNT	<input type="text"/>

	QTY	AMOUNT	
ANNUAL MEMBERSHIP IN-COUNTY <small>business must have a physical location in Brown County</small>		\$200.00	
EACH ADDITIONAL BUSINESS <small>must be owned by the same sole proprietor or corporation</small>		\$125.00	
ANNUAL MEMBERSHIP OUT-OF-COUNTY <small>no permanent, physical location in Brown County</small>		\$400.00	
		TOTAL	<input type="text"/>

I WILL MAKE MY PAYMENT FOR THE TOTAL AMOUNT DUE BY:

CHECK (payable to Brown County Chamber of Commerce · PO Box 164 · Nashville, IN 47448)

Signature _____ Date _____