



**Application for Membership
Greater Breckinridge County Chamber of Commerce**

Principal Contact: _____

Business Name: _____

Business Description, as it will be printed in materials: _____

*Please email your company logo to breckcountychamber@bbtel.com

Physical Address: _____ City _____ State _____ Zip _____

Mailing Address, if different: _____ City _____ State _____ Zip _____

Phone: _____ Cell Phone: _____

E-mail Address: _____

May we list your business information on our website and social media pages? YES NO

Company Website: _____ Social Media: _____

Chamber Investment Schedule (Check One)

- ___ (Charitable/religious organization) \$50
- ___ Individual (non-business) \$35
- ___ Business (0 employees) \$75
- ___ Business (1-5 employees) \$150
- ___ Business (6-10 employees) \$200
- ___ Civic \$100
- ___ Family (non-business) \$50
- ___ Business (11-15 employees) \$225
- ___ Business (16-20 employees) \$300
- ___ Business (21 or more employees) ... \$350

Signature: _____ Date: _____