



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

___ Family (non-business).....\$50

___ Business (0 employees) \$75

___ Business (11-15 employees) \$225

___ Business (1-5 employees) \$150

___ Business (16-20 employees) \$300

___ Business (6-10 employees) \$200 _____ Business (21 or more employees) ... \$350

___ Civic..... \$100

Signature: _____ Date: _____