



MEMBERSHIP APPLICATION

Thanks for your interest in the Meade County Area Chamber of Commerce! Please complete this form and return it so we can process your application and be sure your company's information is correct.

You may return this form by mailing it to P.O. Box 483, Brandenburg, Kentucky, or faxing it to 270-422-1389.

If you have questions, please contact the Meade County Area Chamber of Commerce by telephone at 270-422-3626 or by email at info@meadekychamber.org.

Company/Organization Name (As you would like it to appear in all publications):

Mailing Address (Include city, state, and ZIP):

Physical Address (If same, leave blank):

Phone Number: _____
May we list in our printed and electronic directories? Yes <input type="checkbox"/> No <input type="checkbox"/>

Toll-Free Number: _____
May we list in our printed and electronic directories? Yes <input type="checkbox"/> No <input type="checkbox"/>

Fax Number: _____
May we list in our printed and electronic directories? Yes <input type="checkbox"/> No <input type="checkbox"/>

Email Address: _____
May we list in our printed and electronic directories? Yes <input type="checkbox"/> No <input type="checkbox"/>

Web Site: _____
May we list in our printed and electronic directories? Yes <input type="checkbox"/> No <input type="checkbox"/>

Number of Employees: Full-Time: _____ Part-Time: _____

Business Hours: _____

Nature of Business: _____

(Over, Please)

Representative with Chamber:

Name: _____

Title: _____

Direct Phone (If different from company phone): _____

Direct Fax (If different from company fax): _____

Direct Email (If different from company email): _____

We want information about what's happening distributed as widely as possible. To help us do that, please list any employees you would like the Chamber of Commerce to include on email distribution of newsletters, meeting and event announcements, and information updates:

Employee Name	Title/Position	Email Address
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Annual Investment Structure

- ◆ The annual investment structure is based on the number of employees of a member. Two part-time employees equal one full-time employee.
- ◆ Individual and family memberships are non-business in nature.
- ◆ The non-profit organization rate is for churches, clubs, charities, and similar types of community organizations.
- ◆ Investments are for a fiscal year beginning July 1 and ending June 30; invoices for renewals are sent each May. Members joining from July through February pay on a pro-rated basis. Members joining from March through June pay for that period of the current fiscal year and for the following year. Please call us at 270-422-3626 if you have questions about your investment.

Membership Categories

Please check the appropriate category and enclose your payment with this application.

- _____ Individual (Non-Business) \$50
- _____ Family (Non-Business) \$75
- _____ Non-Profit Organization (Churches, civic organizations) \$100
- _____ Business (1-5 Employees) \$125
- _____ Business (6-10 Employees) \$175
- _____ Business (11-25 Employees) \$225
- _____ Business (26-50 Employees) \$300
- _____ Business (51 or More Employees) \$375