



2023-2024 MEMBERSHIP APPLICATION May 1, 2023 - April 30, 2024

Business Name: _____

Owner/Manager: _____ Date Established: _____

Address: _____ Phone: _____

Email: _____ Website: _____

Check the option which best describes your business:

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Accounting | \$200 | <input type="checkbox"/> Legal | \$250 |
| <input type="checkbox"/> Agri-business | \$300 | <input type="checkbox"/> Manufacturer | \$500 |
| <input type="checkbox"/> Auto Dealer | \$200 | <input type="checkbox"/> Media/Newspaper | \$200 |
| <input type="checkbox"/> Construction/Contractor | \$200 | <input type="checkbox"/> Motel/Rental Properties | \$200 |
| <input type="checkbox"/> Daycare/Educational | \$150 | <input type="checkbox"/> Restaurant | \$150 |
| <input type="checkbox"/> Financial Institution | \$500 | <input type="checkbox"/> Retail | \$200 |
| <input type="checkbox"/> Government Entity | \$250 | <input type="checkbox"/> Retail Large | \$350 |
| <input type="checkbox"/> Health Care/Eldercare | \$250 | <input type="checkbox"/> Utilities | \$500 |
| <input type="checkbox"/> Individual/Non-profit/Home-based | \$75 | <input type="checkbox"/> Wholesale/Distributor | \$250 |
| <input type="checkbox"/> Insurance/Real Estate | \$200 | <input type="checkbox"/> Venue/Entertainment | \$150 |
| <input type="checkbox"/> Investments | \$300 | | |

Please mail completed form along with a check made payable to:
Brookfield Area Chamber of Commerce
207 B North Main Street
Brookfield, MO 64628

Need more information? Call the office at 660-258-7255, or email: chamber@brookfieldmochamber.com