



## 2024-2025 MEMBERSHIP APPLICATION May 1, 2024 - April 30, 2025

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"/> Non-profit/Home-based	\$75
<input type="checkbox"/> Financial Institution	\$500	<input type="checkbox"/> Restaurant	\$150
<input type="checkbox"/> Friends of the Chamber	\$75	<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"/> Insurance/Real Estate	\$200	<input type="checkbox"/> Wholesale/Distributor	\$250
<input type="checkbox"/> Investments	\$300	<input type="checkbox"/> Venue/Entertainment/Fitness	\$150

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](mailto:chamber@brookfieldmochamber.com)