

BROOKNEAL

Virginia

Chamber of Commerce

Membership Application

Business Name: _____

Business Address: _____

Phone Number: _____

Email Address: _____

Type of Business: _____

DUES (FULL MEMBERSHIP)

Individual/1-5 employees	_____	\$25.00
6-10 employees	_____	\$35.00
11-25 employees	_____	\$50.00
26-50 employees	_____	\$75.00
51 and over employees	_____	\$100.00

DUES (ASSOCIATE MEMBERSHIP)

Associate Membership _____ \$10.00 (not eligible to vote or hold office)

Representative Name: _____

Please check the following: _____ 1 year _____ 2 years

Amount of Dues Paid _____

Date of Payment _____

Paid by _____ cash _____ check (Payable to Brookneal Chamber of Commerce)