



Membership Application

Name: (business, organization, individual) _____

Address: _____

_____ , _____ , _____
(city) (state) (zip)

Contact Person: _____

E-mail: _____ Phone: _____

Please describe your business (info will be used on our website)

	Fee Schedule	
_____	___ Business	
_____	1 employee	\$50.00
_____	2 - 5 employees	75.00
_____	6 - 11 employees	90.00
_____	12 - 50 employees	150.00
_____	51 - 100 employees	200.00
_____	100 +	350.00
_____	___ Non-profit	50.00
_____	___ Individual	25.00
_____	___ Senior citizen	10.00

**Check payable to
Brownsville Chamber of Commerce**

