



Membership Application

NAME (business, organization, or individual)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (if different) _____

CONTACT PERSON _____

EMAIL ADDRESS _____

PHONE NUMBER _____

DATE OF APPLICATION _____

The Chamber's website will show the above information for your business as well as your logo, two photos, and up to 500 words of text. Please email us at brownsvillechamber@gmail.com to make any changes to your current website listing or to create a new listing. Memberships are for one year. Effective when you apply and then due again one year from that date and so forth.

ANNUAL MEMBERSHIP FEE SCHEDULE:

_____ Business Levels	
1 -5 employees	100.00
6-15 employees	200.00
16 or more employees	300.00
_____ Non-profit	75.00
_____ Individual	25.00 (does NOT include any business benefits)
_____ Ignored Citizen(65+)	10.00 (does NOT include any business benefits)

PLEASE MAKE CHECKS PAYABLE TO THE BROWNSVILLE CHAMBER OF COMMERCE. MAIL TO: P.O.BOX 161, Brownsville, OR. 97327