

MEMBERSHIP ENROLLMENT FORM
MIDDLETOWN CHAMBER OF COMMERCE
Revised 11/1/19

DATE: _____

BUSINESS: _____

CONTACT: _____

EMAIL: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACTUAL BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ CELL: _____

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Website: _____ Referred By: _____

What can the Chamber do for you? _____

Enrollment Fee:	Individual	\$125
	2-5 Employees	\$150
	6-10 Employees	\$175
	11-20 Employees	\$200
	21-50 Employees	\$250
	51-100 Employees	\$300
	Non-Profits	\$150

Mail to: P.O. Box 43546 Middletown, KY 40253