



MILFORD COMMUNITY CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION & RENEWAL FORM

Date of Application _____ 20____

Business Name _____
(Please Print)

Business Representative's Name _____

Mailing Address _____

Business Address _____

Business Phone _____ Representative's Phone _____

Email Address (for Newsletters and other correspondence) _____

When was your business started? _____

Describe your business in 25 words or less _____

****Please include a current business card with your application for our records.

Membership Dues Schedule

<i>Check One</i> <input checked="" type="checkbox"/>	<i>Membership Type</i>	<i>New Member 1st Year Dues</i>	<i>Renewal Dues</i>
<input type="checkbox"/>	Individual – (recognizes an individual as a member)	\$15.00	\$30.00
<input type="checkbox"/>	Home Based – (recognizes business name run from a home)	25.00	50.00
<input type="checkbox"/>	1-3 employees – (Store-front businesses, total number of Full-time employees, including owner)	37.50	75.00
<input type="checkbox"/>	4-8 employees – (same as above)	50.00	100.00
<input type="checkbox"/>	9-50 employees - (same as above)	75.00	150.00
<input type="checkbox"/>	51 + employees - (same as above)	100.00	200.00
<input type="checkbox"/>	Not For Profit – (Organizations that do not operate for a profit and are funded by foundations and donations.)	No Charge	No Charge

Please send your application along with payment to:

Milford Community Chamber of Commerce
P.O. Box 174
Milford, NE 68405