



## MEMBERSHIP APPLICATION

Email Completed Application to: [pamm@brightoncoc.org](mailto:pamm@brightoncoc.org)

Business / Organization Name \_\_\_\_\_

Business Address \_\_\_\_\_

Unpublished

Primary Contact and Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Does your business have a Facebook page?  Yes  No

Billing Contact & Address (if different from above) \_\_\_\_\_

Primary Business Category (for website & directory) \_\_\_\_\_

Additional Category(s) \$25/each: 2. \_\_\_\_\_ 3. \_\_\_\_\_

Number of Employees \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Years in Operation \_\_\_\_\_

### ANNUAL MEMBERSHIP INVESTMENT

- |                          |                         |                                     |
|--------------------------|-------------------------|-------------------------------------|
| <input type="checkbox"/> | 1 - 4 employees         | \$ 195.00                           |
| <input type="checkbox"/> | 5 - 10 employees        | \$ 275.00                           |
| <input type="checkbox"/> | 11 - 20 employees       | \$ 325.00                           |
| <input type="checkbox"/> | 21 - 49 employees       | \$ 335.00                           |
| <input type="checkbox"/> | 50 - 99 employees       | \$ 345.00                           |
| <input type="checkbox"/> | 100 + employees         | \$ 480.00                           |
| <input type="checkbox"/> | Non-Profit Organization | \$ 125.00                           |
| <input type="checkbox"/> | 2nd Location (same TIF) | \$ _____ 50% annual rate of primary |

Total Dues \_\_\_\_\_ Payment Type:  Cash  Check  Visa  MasterCard  Amex

Credit Card Number \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Address of Cardholder \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_