

**VINE GROVE
CHAMBER OF COMMERCE
MEMBERSHIP APPLICATION**

Company Name _____
Street Address _____ P.O. Box _____
City _____ State _____ Zip _____
2nd Address _____
Phone _____ Fax _____ E-mail _____
Website Address _____
Type of Business _____
Number of Employees _____ Full Time _____ Part Time _____
Key Representative: Name _____ Title _____
Associate (Optional): Name _____ Title _____
MEMBERSHIP INVESTMENT AMOUNT \$ _____

DUES INVESTMENT STRUCTURE

Individual	\$ 30.00
Farmers-non payroll	\$ 30.00
Non-profit	\$ 60.00
Less than 10 employees	\$ 60.00
10-50 employees	\$ 85.00
51 or more employees	\$125.00
Associate Member Fee	\$ 10.00

TO THE BOARD OF DIRECTORS:

WE ACCEPT THE CHAMBER'S INVITATION TO MEMBERSHIP AND LOOK FORWARD TO WORKING WITH YOU TO INSURE A HEALTHY ECONOMY, A MORE PLEASANT PLACE TO LIVE AND ENVIRONMENT, WHICH WILL PROVIDE THE MAXIMUM QUALITY OF LIFE FOR VINE GROVE.

SIGNATURE _____ DATE _____
CONTACTED BY _____

Information provided will be used to establish basic business records on member firms. The information provided will also be put on the website that we are working on. We hope that our website will help your business grow.

MAIL TO:

Vine Grove Chamber of Commerce
P.O. Box 282
Vine Grove KY 40175-0282