



Yes, I want to belong!
Sign me Up!

Date of Application: _____

Company Name: _____

Physical Address: _____ City: _____ ST: _____ Zip: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Primary Contact Person: _____

Job Title: _____ Phone: _____ Email: _____

Business Email: _____ Include email in Chamber Newsletters and Announcements

Website: _____

Membership Dues Category Membership Category	Dues	✓
Retail/Wholesale/Service	\$135 Base plus \$5 per employee over 20	
Financial Institution	\$20 per Million in Deposits	
Professional	\$135 Base (includes one licensed professional) plus \$50 per additional licensed professional and \$5 per employee over 20	
Manufacturing	\$135 Base plus \$5 per employee over 20	
Real Estate and Insurance	\$135 base (includes one licensed professional) plus \$50 per additional licensed professional and \$5 per employee over 20	
Apartment / Motels	\$135 base plus \$2 per unit	
Charitable / Nonprofit Organization	Single Proprietor \$50	
Individual / Family	\$50	
Government	\$135	

Number of Employees: _____ Total Membership Dues: \$ _____

Please include payment and mail to P.O. Box 453, Eddyville, KY 42038

For more information contact Deb Domke, Executive Director
270.388.4769 Lakebarkleychamber1@gmail.com