

Membership Application for Jan - Dec 2012

Firm Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Key Representatives

Name(s): _____

Title(s): _____

Type of Business: _____

No. of Employees: F/T: _____ P/T: _____

Annual Investment: \$ _____

To the Board of Directors: We accept the Chambers invitation to become actively involved in community development and look forward to working with you to ensure a healthy economy, an even more pleasant place to live, and an environment that will provide the maximum quality of life in Carlisle and throughout Nicholas County.

Signature: _____

Date: _____

Types of Membership and Annual Investment Schedule

- | | |
|-----------------------------|-------|
| A. General Businesses | |
| 1-10 Employees | \$50 |
| 11+ Employees | \$100 |
| B. Other Organizations | |
| Financial Institutions | \$100 |
| Public (Schools/Govt./etc.) | \$100 |
| Civic/Service Orgs./ | \$50 |
| Non-profit Orgs. | |
| Churches | \$50 |
| C. Farms | \$ 50 |
| D. Professionals | \$100 |
| (Doctors, Attorneys, CPAs, | |
| Dentists, Pharmacists, Real | |
| Estate, Insurance, Etc.) | |
| E. Individuals | \$50 |
| F. Supporting Sponsor | \$25 |
| (Sponsors are not active | |
| members and do not have | |
| voting privileges) | |

To Apply for Membership

Complete the application
and send with payment to:

**The Carlisle-Nicholas County
Chamber of Commerce
P.O. Box 304
Carlisle, KY 40311**

Carlisle - Nicholas County
**Chamber of
Commerce**

www.carlisle-chamber.com

