

## Membership Application

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](http://www.carlisle-chamber.com)

