



Membership Application Form

This is a _____NEW OR _____RENEWAL Annual Membership Date: _____

Business Name: _____

Contact Person: _____

Mailing Address: (Please complete accurately) _____

Physical Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website Address: _____

Type of Business: Please specify a category for your listing. Service, Professional, Hospitality, Industry, Recreation etc.

Not for Profit: _____ Yes or _____ No Paid Employees _____ Yes or _____ No

Brief description of your business for the Chamber website and directory: (25 words or less)

Check applicable items:

_____ I am interested in volunteering on a committee or for an event. Please contact me.

_____ I am interested in the Chamber's Health insurance options. Please send me literature.

Annual Membership Dues

_____ **\$150.00-for any business, for profit or not for profit, with any number of employees
(One representative may attend meetings and vote at the annual meeting)**

_____ **\$75.00 – for any not for profit with NO paid employees**

_____ **\$75.00 - for second business for existing chamber member**

_____ **\$75.00 - for second business for couples with two separate businesses**

Name of Person who referred you to the Chamber: _____

Please mail this form with your check payable to:

Tri-State Chamber of Commerce, P.O. Box 386, Lakeville, CT 06039. Questions? Call Susan Dickinson at (860) 393-9171

Or complete below to pay by credit card: (a \$5.00 processing fee will be applied)

Please select one: _____ Discover _____ MasterCard _____ Visa

Expiration: Month: _____ Year: _____ Credit Card # _____

Name on Card: _____ Signature: _____

Address on card if different from above: _____

Thank you for your support!