



# 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: \_\_\_\_\_ Cell 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

Check applicable items:

\_\_\_\_\_ I am interested in volunteering on a committee or for an event. Please contact me. Circle events of interest below:

Murphy Open

Salisbury Fall Festival

Adopt-A-Tree

Hometown Holidays

**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**

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 Lisa Duntz (860) 671-0136

You may also pay via PayPal or Venmo @TriState-Chamber

**Thank you for your support!**

P.O. Box 386, Lakeville, CT 06039- [www.tristatechamber.com](http://www.tristatechamber.com) Email: [info@tristatechamber.com](mailto:info@tristatechamber.com)