

Membership Application Form

This is a	NEW OR	RENEWAL	Annual Membership	Da	te:
Business Nam	ne:				
Contact Perso	n:				
Mailing Addre	ss: (Please comple	te accurately)			
Physical Addre	ess:				
Phone Numbe	er:Cell Number:				
Email Address	::				
Website Addre	9SS:				
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 applica	able items:				
I am interested in volunteering on a committee or for an event. Please contact me. Circle events of interest below:					
	Murphy Open	Car Show	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\$75.00 - for second business for existing chamber member\$75.00 - for second business for couples with two separate businesses					
Name of Pers	on who referred y	ou to the Ch	amber:		
Please mail this form with your check payable to:					

Please mail this form with your check payable to

Tri-State Chamber of Commerce, P.O. Box 386, Lakeville, CT 06039. Questions? Call Lisa K. Duntz (860) 671-0136

You can also quickly and safely your membership dues by either visiting our website at www.tristatechamber.com and choosing to pay via PayPal or you can pay via Venmo to @TriState-Chamber online.

Thank you for your support!

326 Main Street, P.O. Box 386, Lakeville, CT 06039- www.tristatechamber.com Email: info@tristatechamber.com