



# 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
- 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 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!**