

MEMBERSHIP APPLICATION

Name of Business/Self Employed Person/Organization: _____

Contact Name(s): (#1) _____ (#2) _____
(Use separate page for additional names)

Physical Address: _____
Street/P.O. Box City State Zip Code

Mailing Address: _____
(if different) Street/P.O. Box City State Zip Code

Business Phone: _____ Fax: _____ Toll Free: _____

E-Mail Address (Contact #1): _____

E-Mail Address (Contact #2): _____

Website Address: _____

Description of Business: If you have a website we will provide a link to your site from the Chamber site. If you don't have a website please provide the contact information and business description (25 words or less) you want listed on the Chamber website. *Continue on the back of this page if necessary.*

Business/Membership Category: _____
(Please refer to Investment Schedule)

Membership Investment Dues: _____ Total: _____
(Plus \$25 one-time-only set-up fee)

I/we hereby apply for membership.

Signature/Business Representative: _____

Check for membership investment dues is enclosed (please include \$25 set up fee)

Please charge membership dues to my credit card: ___VISA___MasterCard

Name (as it appears on card): _____

Credit Card #: _____ Expiration Date: _____

I/we authorize the Sandwich Chamber of Commerce to charge the membership dues and set-up fee for this year only to the credit card listed above.

Signature: _____

Check here if you have an interest in/need for small business health insurance plans.

Please Mail Membership Application To:

**Sandwich Chamber of Commerce
Post Office Box 744
Sandwich, MA 02563**

10/4/04