



Membership Application

Company Name _____

Contact Person _____

Title _____

Mailing Address _____

P.O. Box _____

Town/City _____

State _____ Zip Code _____

Phone Number _____

Fax Number _____

E-Mail Address _____

Website Address _____

Type of Business _____

Employees - Full Time _____ Part Time _____

Referred by (if applicable) _____

Payment: AMEX ___ MasterCard ___ Visa ___

Account Number _____

Expiration Date _____ CVC2 # (Last 3 #'s on back of card) _____

Name as it appears on credit card _____

Signature _____

One-time-only administrative fee: \$25.00

Total Membership Investment: \$ _____

DEFERRED BILLING/PAYMENT OPTIONS:

I authorize the Wachusett Chamber to charge my MasterCard, Visa or American Express in four equal quarterly payments. Sorry, cash or checks will not be accepted for this method.

Credit Card Number _____

Exp. Date _____

Name as it appears on Credit Card _____

Signature _____

OPTION #2 - BANK ACCOUNT WITHDRAWAL

I authorize the Wachusett Chamber to deduct 12 equal monthly payments from my checking or savings account.

Name on the Account _____ Bank Name _____

Routing Number _____ Account Number _____

Signature _____

WHY DID YOU JOIN THE CHAMBER?

MEMBERSHIP INTERESTS (check all that apply):

- Advertising/Sponsorship
- Community Involvement
- Medical/Dental Insurance
- Networking Opportunities
- Small Business Counseling
- Other _____

COMMITTEES/INTERESTS (check all that apply):

- Ambassador
- Annual Meeting
- Golf Tournament
- Governmental Affairs
- Membership Drive
- Small Business Network
- Super Raffle
- Networking Group
- A Taste of the Wachusett Region
- Women's Business Advisory Group
- School to Career Partnership Committee
- Other: _____

PLEASE RETURN TO:

WACHUSETT CHAMBER OF COMMERCE

P.O. Box 703, 167 Church Street, Clinton, MA 01510

978.368.7687 / Fax: 978.368.7689 / www.wachusettchamber.com