



MEMBERSHIP APPLICATION

Name of Business _____

Owner, Officer or Manager _____ Title _____

Contact Person _____ Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different) PO Box/Address _____

Telephone (_____) _____ Fax (_____) _____

Email _____ Website _____

Briefly describe your products or services _____

Referred by Chamber Member (optional) _____

Signature _____ Date _____

Membership Dues: Dues are based on the number of full time (30+ hours/week) employees and any independent agent contractors ("1099" associates) for whom you would also like to receive membership benefits. Annual membership dues are listed below. Please check the appropriate category based on the number of employees and agent contractors you wish to include in your membership. If you are self-employed and have no employees the annual dues are \$135.00.

- 1-2 employees: \$135.00
3-5 employees: \$185.00
6-10 employees: \$245.00
11-24 employees: \$305.00
25-49 employees: \$455.00
50-99 employees: \$655.00
100+ employees: \$995.00
Individual Associate Member: \$50.00

All new members receive a Canton Chamber of Commerce membership plaque.

Information for listing on CantonChamberOfCommerce.com

Business or service category (Please see website for choices. Two categories for no additional charge.)

1) _____ 2) _____

I would like to join or learn more about the following committee(s):

- Advocacy Education Marketing Membership Outreach

Chamber "Welcome" Sign: New Members may have a "Welcome" sign placed in front of their business in Canton's commercial zones for approximately 30 days for a payment of \$60.00, which covers the Chamber's cost.

Please check here if you would like to have a Welcome sign and add \$60.00 to your payment.

Payment: \$ _____ Dues + \$ _____ for Welcome Sign = \$ _____ TOTAL

Check enclosed Credit Card: MasterCard VISA American Express Discover

Credit Card # _____ Exp Date ____ / ____ Security Code _____ Billing Zip _____

Name on Credit Card _____

NOTE: If you prefer to not provide credit card information on this form, please call the Chamber office: 860-693-0405

Please mail your completed Membership Application with your check or credit card information to:

Canton Chamber of Commerce, P.O. Box 704, Canton, CT 06019-0704