



Membership Application

Name of Business _____

Primary Contact _____ Title _____

Primary Contact Email _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different) PO Box/Address _____

Main Telephone (____) _____ Fax (____) _____

Billing Contact Name _____ Phone (____) _____

Billing Email _____

Website _____

Briefly describe your products or services: _____

Referred by Chamber Member (optional): _____

(Note: Referring Chamber Member receives \$144 ChamberBucks)

Signature _____ Date _____

**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

Revised: 05-15-2018

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 \$144.00.

- | | |
|--|--|
| <input type="radio"/> 1-2 Employees: \$144 | <input type="radio"/> 25-49 Employees: \$480 |
| <input type="radio"/> 3-5 Employees: \$204 | <input type="radio"/> 50-99 Employees: \$684 |
| <input type="radio"/> 6-10 Employees: \$264 | <input type="radio"/> 100+ Employees: \$1044 |
| <input type="radio"/> 11-24 Employees: \$324 | |

New members receive a Canton Chamber of Commerce membership plaque.

Business or service category information for listing on the
CantonChamberOfCommerce.com (Please see our website for choices)

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 an A-frame "Welcome" sign placed in front of their business in Canton's commercial zones for approximately 30 days for a payment of \$60.

- Please check if you would like to have a Welcome sign

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

I agree to pay annual dues in 12 equal automatic recurring payments deducted the first week of each month

- MasterCard VISA American Express Discover

Credit Card # _____ Exp Date ____ / ____

Security Code _____ Billing Zip Code _____

Name on Credit Card _____

NOTE: If you do not want to provide credit card information on this form or have other questions about membership, please call the Chamber office: 860-693-0405