



APPLICATION FOR MEMBERSHIP

Business Name:
Street Address:
Mailing Address:
City: State: Zip Code:
Telephone: FAX:
Email Address: Toll Free Telephone:
Website Address:
Owner: Manager:
Contact for Billing Purposes (if different from name & mailing address above):

Name & Address for one free additional Chamber Mailing:

Name & Address for additional Chamber mailings (\$50/year per name, include with dues):

Number of employees: Full Time Part Time (will not be made public)

Business Description (used for Chamber records & Newsletter):

Dues: Please refer to dues investment schedule on the reverse side of this application.
Category: (check one) Financial Lodging Restaurant Professional
General Associate Non Profit Friend
Amount of Annual Dues: \$ Check Enclosed Invoice My Business
Credit Card payment. Card type: Visa Master Card
Card #: expiration date:
Credit Card Billing Address:
Authorized Signature: (print name)

Application prepared by: (print name)

Title: Signature:

12-04

Please return completed application and dues to
Southern Midcoast Maine Chamber, Border Trust Business Center, 2 Main St., Topsham, ME 04086
Email: Chamber@midcoastmaine.com www.midcoastmaine.com
Phone (207) 725-8797 Fax (207) 725-9787

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