

Application for Membership



Office Use Only

Rec'd:
Paid:

Company Name:

Street Address:

City: State: Zip Code:

Owner: Manager:

Telephone: FAX: Toll-Free:

Email Address:

Website:

How would you like to receive Invoices? Contact for Billing:

Via Email?

Via Mail?

How would you like to receive our Chamber Newsletter? (Write the Contact and Address in the one you choose)

Via Email?

Via Mail?

Name & Address for one free additional Chamber Mailing:

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

Business Description: (used for our Chamber Database, Website, Newsletter, & Keep ME Strong Website): (Maximum Characters 250)

Your Dues: Please refer to dues investment schedule on the reverse side of this application.

Annual Dues Amount: (Due the same time each year) \$

and

Your Businesses Category:

#1 #2 #3

#4 #5

Credit Card Billing Information: Choose Your Card Type: AMEX DISCOVER MASTERCARD VISA

Please Charge My Credit Card: \$

Card #: Expiration Date: Code:

Name on Card:

Mailing Address:

City: State: Zip Code:

Authorized Signature: (print name)

Application prepared by: (print name)

Title: Signature

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