

Membership Application



Date: _____

Contact Person: _____ Title: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Number of Employees* _____ Full Time: _____ Part Time: _____

Referred By: _____

Type of Business: _____ # of Years in Business: _____

Keywords/phrases identifying your business for web search (limit 10): _____

Why are you joining Corridor Nine? _____

- Committees/Groups You Would Consider Joining:** Ambassadors School/Business Partnership
 Membership Development CEO Roundtable Economic Development 5K Road Race Referral Group
 Golf Tournament HYPE9 (*young professionals group-must be under 40 yrs old*)

*** Please attach two (2) Business Cards to this application.

Yes, I want / **No, I do not want** – **to receive email from the Chamber!**
(Corridor Nine does NOT rent or sell member email addresses)

Method of Payment
<input type="checkbox"/> Check <input type="checkbox"/> Invoice <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Name on Card: _____
Account Number: _____ Exp. Date: _____
<i>*Base membership dues investment is \$340.00 for companies with five (5) or fewer employees. For additional employees, please add \$7.00 each. This industry standard formula has been developed to insure that all member dues are proportional to the respective size of each business or organization.</i>
Membership Dues Investment: \$ _____

Return Application To: Corridor Nine Area Chamber of Commerce
30 Lyman Street - P.O. Box 1555 – Westborough, MA 01581
Tel: 508-836-4444 Fax: 508-836-2652 Email: events@corridornine.org Web: www.corridornine.org

For Office Use Only - Directory Code: _____ Date of Input: _____ Processed by: _____