

# 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): \_\_\_\_\_

Reason You Joined (rank in order of importance): \_\_\_Networking \_\_\_Community Visibility / Recognition  
\_\_\_Advertising / Marketing \_\_\_Leadership Opportunities \_\_\_Programs & Events \_\_\_Professional Development  
\_\_\_Public Policy Advocacy \_\_\_Economic Development \_\_\_Health Ins. \_\_\_Other \_\_\_\_\_

**Committees/Groups You Would Consider Joining:**  Ambassadors  Programs  Golf Tournament  
 Marketing  Membership  School / Business Partnership  Economic Development  Technology  
 Member to Member  Tourism / Destination  5K Road Race  Referral Group  Power Hour  
 Yes, I want /  No, I do not want – to receive email from the Chamber!  
(Corridor Nine does NOT rent or sell member email addresses)

<p style="text-align: center;"><b>Method of Payment</b></p> <p><input type="checkbox"/> Check <input type="checkbox"/> Invoice <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Name on Card: _____</p> <p>Account Number: _____ Exp. Date: _____</p> <p><i>*Base membership dues investment is \$335.00 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></p> <p style="text-align: center;"><b>Membership Dues Investment: \$</b> _____</p>
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**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: \_\_\_\_\_