

# Membership Application



Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_  
(If different than above)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Category: \_\_\_\_\_ (Please visit milfordchamber.org/business-directory for a list of categories)

Business Description: \_\_\_\_\_

Areas of Interest: Networking Resources Marketing Economic Development Other: \_\_\_\_\_

Business Committees: Government Affairs Marketing & Social Media Home & Garden Expo  
HSN & Scholarship Golf Auction Beer & Wine Tasting 5K

Sponsorship Opportunities: Website Ad Business After Hours Corporate Sponsorship  
Connecting Women Leaders Contact Me With Other Sponsorship Opportunities

*Please List Your Company's Member Representatives for the Chamber:*

Principal Contact Name	Title	Email
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Name	Title	Email
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Name	Title	Email
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## 2017 Membership Dues Investment

- 5 or less employees - \$310 6-10 - \$350 11-20 - \$400 21-30 - \$450 31-50 - \$435 51-100 - \$565  
101-150 - \$1,000 151-200 - \$1,250 201-250 - \$1,500 252-500 - \$1,935 501-750 - \$2,270 750+ - \$2,600

## Method of Payment

Annual Membership Dues Investment: (See chart below) \$ \_\_\_\_\_ Check Enclosed: \_\_\_\_\_

Bill my MC/VISA/AMEX/DIS: \_\_\_\_\_ Billing ZIP: \_\_\_\_\_ EXP: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Referred by \_\_\_\_\_