

Get Started

Chamber Membership Application



Date of Application _____ How did you hear about us? _____

Please take a few minutes to fill out the following information. We will use this information to direct inquiries to your business, as well as for billing, event registration, directory listings, and all other communications.

Member Name

Company Phone _____ Fax _____ Email _____

Brief Business Description (Please note: this is what will be displayed in the Business Directory listing)

Company Webpage _____ # of Employees Full-time _____ Part-time _____

Physical, Mailing and Billing Addresses	Physical Address
	Address 1 _____ Address 2 _____
	City _____ State _____ Zip _____
	Mailing Address <input type="checkbox"/> Same As Above
	Address 1 _____ Address 2 _____
	City _____ State _____ Zip _____
	Billing Address <input type="checkbox"/> Same As Physical <input type="checkbox"/> Same As Mailing
	Business Name (if different) _____
	Billing Contact Name _____
	Address 1 _____ Address 2 _____
City _____ State _____ Zip _____	

Contact Information	Principal Corporate Officer (President, CEO, General Manager, etc.)
	Name _____ Title _____
	Phone _____ Fax _____ Email _____
	Primary Contact <input type="checkbox"/> Same As PCO <input type="checkbox"/> Same As Billing Address
	Name _____ Title _____
	Phone _____ Fax _____ Email _____

If your business would like to list **additional branches** in our referral lists or business directory, please attach a list of those branches, with address and contact information, to this form. If you would like to have **additional people receive Chamber mailings and email announcements**, please attach a list to this application including their name, title, address, phone, fax, and email address.

Membership Investment Calculator

Please complete the ONE BOX below applicable to your business.

A. Basic Dues Structure

\$4.00 per each additional employee over 1 + \$290.00 Base Rate =

Box A

Worksheet Space

of employees over 1 _____ x \$4 = _____ + \$290 = _____ Please put total in Box A

B. Hotel, Motel, Bed & Breakfast Dues Structure

\$4.00 per room over 10 + \$290.00 Base Rate =

Box B

Worksheet Space

of rooms over 10 _____ x \$4 = _____ + \$290 = _____ Please put total in Box B

C. Bank Dues Structure

\$12.00 per million in deposits + \$290.00 Base Rate =

Box C

Worksheet Space

per million in deposits _____ x \$12 = _____ + \$290 = _____ Please put total in Box C

D. Non-Profit Dues Structure

- less than 26 employees = \$185.00
- 26-50 employees = \$290.00
- over 50 employees = \$350.00

Box D

E. Municipality Membership \$300.00

Box E

F. Board of Education Membership \$200.00

Box F

Please forward to: Chamber of Commerce of Eastern Connecticut

39 Kings Highway, PO Box 726, Gales Ferry, CT 06335

Or fax to: 860-464-7374

Phone: 860-464-7373

Please make checks payable to: Chamber of Commerce of ECT

Enter Your Dues Amount Here

Payment by credit card: MC/VISA/AmEx/DISC

Number: _____ - _____ - _____ Exp: ____/____ 3 or 4 Digit Security Code: _____

Amount:\$ _____ Name (as it appears on card): _____

Billing Address for Card: _____

City/State/Zip: _____

Signature: _____ Date: _____

I hereby authorize the Chamber of Commerce of Eastern Connecticut to process the above transaction and will be responsible for payment in full as outlined above. INITIAL _____

I hereby authorize the Chamber of Commerce of Eastern Connecticut to keep my credit card information on file to process any future transactions. INITIAL _____

Office Use Only Membership Category _____

Date Received _____ Date Processed _____

Online LOL