



Membership Application

DATE _____

ORGANIZATION NAME _____

KEY REPRESENTATIVE _____

ADDITIONAL REPRESENTATIVE _____

MAILING ADDRESS _____

STREET ADDRESS (if different) _____

TOWN, STATE, ZIP _____

PHONE _____

FAX _____

EMAIL _____

WEB SITE ADDRESS _____

Check here to add your web site address to our online Member Directory. (include in payment section on reverse side)

BUSINESS CATEGORY (see attached list) _____

BUSINESS DESCRIPTION (Limit to 55 characters)

Investment Schedule *effective January 1, 2007*

# of Employees	Dues Investment
1 - 2	\$240
3 - 5	\$260
6 - 10	\$300
11 - 25	\$405
26 - 40	\$475
40 or more	\$475 + \$3/employee over 40 \$1,000 Maximum

MEMBERSHIP INVESTMENT

NUMBER OF EMPLOYEES:

Full-time _____ Part-time _____
 (2 part-time employees = 1 full-time employee)

Membership Dues Total: _____

Add Web Site Link (\$50 + \$3 Tax): _____

TOTAL: _____

PAYMENT: CASH _____ CHECK _____

CREDIT CARD:



_____ 1 Payment/Credit Card _____ 2 Payments/Credit Card (automatic)

CARD HOLDER _____

CARD NUMBER _____

3 OR 4-DIGIT SECURITY CODE ON FRONT OR BACK OF CARD _____

EXPIRATION DATE _____

SIGNATURE _____

Your membership investment in the Branford Chamber of Commerce is not deductible as a charitable contribution for income tax purposes, but may be deductible as an ordinary and necessary business expense. Please consult your accountant or tax preparer for advice on your situation.

Branford Chamber of Commerce

239 North Main Street, Branford, CT 06405
 Phone: (203) 488-5500, Fax: (203) 488-5046
 www.branfordct.com