



Supporting our Business Community

Membership Application – 2017

Business Name _____

Business Address _____

Business Telephone _____ **Fax** _____

Business Email _____

Business Website _____

Contact Name (please sign below) _____

Business Description (One-line summary) _____

Business Category (see website for listings) _____

Exclusive Member to Member Discount Program –discounts to other chamber members. Would your business be interested in participating?

Yes/No Discount offered _____

The *Calendar-Year* Membership Fee is \$220 (may be prorated by quarter joined). The Membership Application may also be filled out online and submitted with an online payment.

**If paying by check, make payable to: Easton Chamber of Commerce
P.O. Box 69
Easton, MA 02334**

**For further information, please call (508) 238-2225 or visit the website
www.easton-chamber.com.**

Signature of applicant: _____ **Date:** _____