



Supporting our Business Community

Membership Application – 2019

Business Name _____

Business Address _____

Business Telephone (O) _____ **(C)** _____

Business Email _____

Business Website _____

Contact Name (please sign below) _____

Business Description (one to two-line summary)

Business Category (see website for listings) _____

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

Yes/No Discount offered _____

The *Calendar-Year* Membership Fee is \$230 (may be prorated by quarter joined), payable to:

**Easton Chamber of Commerce
P.O. Box 69
Easton, MA 02334**

To join/pay online, visit www.easton-chamber.com and click on Membership tab. Please note that renewals are billed in December for the subsequent year.

For further information, please call the Easton Chamber office at (508) 238-2225.

Signature of applicant: _____ **Date** _____