



Supporting our Business Community

Membership Application – 2020

Business/Organization Name _____

Address _____

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

Email _____

Website _____

Contact Name (please sign below) _____

Business/Organization 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 the 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** _____