



Membership Application

Date:		
Organization:		
Address:		
City, State, Zip:		
Contact Name:		
Title:		
Phone:		
Fax:		
Email:		
Link my Web Ste:	http://www.	
Business Classification:	1.	
(up to 3 options for Web Directory listing)	2.	
	3.	
# of Employees		Annual Dues: \$

Membership Dues Schedule		
# of Employees	Dues	
1- 5	\$240.00	- Two part-time employees equal one full time employee. - Non-Profit Rate with paid staff is 65% of Dues. - Non-Profit Rate for organizations without paid staff is \$130.00. Own a Second Business? You can get 50% off the regular membership rate for your second member business.
6- 10	\$265.00	
11- 15	\$320.00	
16- 20	\$365.00	
21- 30	\$400.00	
31- 50	\$500.00	
51- 75	\$590.00	
76-100	\$695.00	
101-150	\$855.00	
151-200	\$1,040.00	
Over 200	\$1,130.00	

Check Enclosed:	Bill my MC/Visa/AMEX/DISCOVER:	
	#:	Exp.
	V-Code (Verification code on back 3 digits)	#
	DEFERRED BILLING/QUARTERLY PAYMENT PLAN (Yes or No): I authorize the Chamber to charge my credit card in 4 equal quarterly payments. Sorry, no checks or wire transfers.	

**Return to the Assabet Valley Chamber of Commerce, 18 Church Street, 2nd Floor Hudson MA 01749
 Fax: 978-562-4118, Email: info@assabetvalleychamber.org**