



# TESTDRIVE



Date: \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone(s) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

Business Classification for Web Directory (up to 3 options) 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

Number of Employees \_\_\_\_\_ Annual Dues (see below) \_\_\_\_\_

## Membership Dues Schedule

# of Employees	Annual Dues	Test Drive Rate
1-5	\$240.00	<b>\$120.00</b>
6-10	\$265.00	<b>\$132.50</b>
11-15	\$320.00	<b>\$160.00</b>
16-20	\$365.00	<b>\$182.50</b>
21-30	\$400.00	<b>\$200.00</b>
31-50	\$500.00	<b>\$250.00</b>
51-75	\$590.00	<b>\$295.00</b>
76-100	\$695.00	<b>\$347.50</b>
101-150	\$855.00	<b>\$427.50</b>
151-200	\$1,040.00	<b>\$520.00</b>
Over 200	\$1,130.00	<b>\$565.00</b>
Non-Profit without paid staff	\$130.00	<b>\$65.00</b>
Non-Profit with paid staff	65% of Dues	<b>50% of dues.</b>
2 part time employees = 1 Full Time Employee		

Check Enclosed: _____	Bill my MC / VISA / AMEX / DISCOVER:		
	#	_____	Exp. _____
	V-Code #	(Verification code on back of card -3 digits, or front of Amex - 4digits)	
	DEFERRED BILLING PAYMENT PLAN (YES or NO): I authorize the Chamber to charge my credit card in two (2) equal payments at month #1 and month #3		

**Return to: Assabet Valley Chamber of Commerce, 18 Church Street, Hudson MA 01749**

(978) 568-0360

(978) 562-4118

info@assabetvalleychamber.org