

Merrimack Valley Chamber of Commerce
264 Essex Street
Lawrence, MA 01840
Tel. 978-686-0900 Fax: 978-794-9953
www.merrimackvalleychamber.com

Membership Application

Investment: \$ _____ (See schedule of investment)
Date _____ 2011

Business Classification (Please Check the classification that best describes your business)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Amusement/Entertainment 01 | <input type="checkbox"/> Government 22 | <input type="checkbox"/> Professional 11 | <input type="checkbox"/> Retailers 16 |
| <input type="checkbox"/> Apartments/Mobile Homes Parks 07 | <input type="checkbox"/> Hotel/Motels 06 | <input type="checkbox"/> Public Utilities 12 | <input type="checkbox"/> Services 18 |
| <input type="checkbox"/> Automotive 02 | <input type="checkbox"/> Insurance 08 | <input type="checkbox"/> Publisher & Printers 13 | <input type="checkbox"/> Transportation 19 |
| <input type="checkbox"/> Banks, Savings & Loan 04 | <input type="checkbox"/> Investment/Finance Companies 05 | <input type="checkbox"/> Radio & Television 14 | <input type="checkbox"/> Utilities/Energy 12 |
| <input type="checkbox"/> Construction 03 | <input type="checkbox"/> Manufacturing/Processing 10 | <input type="checkbox"/> Real Estate 09 | <input type="checkbox"/> Wholesale/Distribution 17 |
| | <input type="checkbox"/> Non-Profit 23 | <input type="checkbox"/> Restaurant/Café/Tavern 15 | |

Business Category/ies (same as listing in the Yellow pages) _____

Company Name: (as you wish it to appear in print) _____

Company CEO/President _____

Company Human Resources Manager _____

Company Representative: _____ Title: _____

Business Address: _____

City _____ State _____ ZIP _____

Telephone: (_____) _____ Fax: (_____) _____ # Employees _____

E-mail Address: _____ Web page: _____

Mailing Address: (If different) _____

City _____ State _____ ZIP _____

Person to whom billing should be addressed

Name: _____ Title: _____

Address: _____ Telephone: _____

Chamber Sponsor

Signature Authorized Company Representative

Please tell us why are you joining the Merrimack Valley Chamber?

Networking & New Business Contacts _____ Government Affairs/Access _____

Members Only Referrals & Sales Opportunities _____ Members Only Discounts _____

Group Benefits Health/Dental Insurance etc. _____

Other _____ Explain _____



Serving 1,000+ members
throughout the
Northeastern corner of
Massachusetts and
Southeastern, NH

Check Payment Method:

Cash Check (Payable to Merrimack Valley Chamber Of Commerce)

Credit Card American Express MasterCard VISA

Card Number _____

Expiration Date _____ Code _____ (on back)

Credit Card Billing Address _____

Signature _____

Chamber dues are tax deductible as cost of doing business - not as a charity