

Membership Application



Date: _____

Contact Person: _____ Title: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Number of Employees* Full Time: _____ Part Time: _____

Referred By: _____

Type of Business: _____ # of Years in Business: _____

Keywords/phrases identifying your business for web search (limit 10): _____

Reason You Joined (rank in order of importance): ___Networking ___Community Visibility / Recognition
___Advertising / Marketing ___Leadership Opportunities ___Programs & Events ___Professional Development
___Public Policy Advocacy ___Economic Development ___Health Ins. ___Other _____

Committees/Groups You Would Consider Joining: Ambassadors Programs Golf Tournament
 Marketing Membership School / Business Partnership Economic Development Technology
 Member to Member Tourism / Destination 5K Road Race Referral Group Power Hour
 Yes, I want / No, I do not want – to receive email from the Chamber!
(Corridor Nine does NOT rent or sell member email addresses)

Method of Payment

Check Invoice American Express MasterCard Visa

Name on Card: _____

Account Number: _____ Exp. Date: _____

**Base membership dues investment is \$300.00 for companies with five (5) or fewer employees.
For additional employees, please add \$6.00 each. This industry standard formula has been developed
to insure that all member dues are proportional to the respective size of each business or organization.*

Membership Dues Investment: \$ _____

Return Application To: Corridor Nine Area Chamber of Commerce

30 Lyman Street - P.O. Box 1555 – Westborough, MA 01581

Tel: 508-836-4444 Fax: 508-836-2652 Email: events@corridornine.org Web: www.corridornine.org

For Office Use Only - Directory Code: _____ Date of Input: _____ Processed by: _____