



*Working Together
Works Better...*

The Mission of the Marlborough Regional Chamber of Commerce is to promote and advocate for its members' business and civic interests and to collaborate with the communities for the overall economic benefit of the region.

MEMBERSHIP APPLICATION

Your Name _____ Title _____

Firm Name _____

Street Address _____

Billing Address (if Different) _____

City or Town _____ Zip _____

Business Phone _____ Fax _____

E-mail _____

Website _____

of Employees: Full-Time _____ Part-Time _____

Under what category should we list you in the membership directory? _____

So that we can refer possible prospects to you, please briefly describe your business (What you offer and to whom you offer it) _____

Yes, I would like information on the Chamber Committees that members can serve on.

Referred By _____

Amount Invested \$ _____ + \$30 One-Time Administration Fee = Total Investment \$ _____

Payment: Check VISA MasterCard Amex

Account Number _____ "V" Code _____ E xp. _____

Signature _____ Date _____

(Please attach your business card and any descriptive literature about your services.)
Your Membership Investment is Tax Deductible as a business expense.