

**Company Contact Information:**

*(Chamber Directory Information)*

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Number of Employees: FT \_\_\_\_\_ PT \_\_\_\_\_

**Select Membership Package:**

☐ Regional Leader | \$10,000

☐ Chamber Partner | \$5,000

☐ Business Growth | \$2,500

☐ Business Choice | \$850

☐ Market ☐ Tourism

☐ Basic | \$350

**Main Contact Information:**

*(Receives Chamber Communications/Access to Member Portal)*

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Billing Contact Information:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Contact Information:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

☐ Marketing ☐ HR ☐ Other: \_\_\_\_\_

**Additional Contact Information:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

☐ Marketing ☐ HR ☐ Other: \_\_\_\_\_

**Payment Information:** *Checks make payable to North Central Massachusetts Chamber of Commerce (NCMCC)*

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_\_

Business Address: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mailing Address:**

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**Additional Locations:**

*(If applicable within membership level)*

1. 

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2. 

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3. 

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**Tell us about your business!**

*(Optional)*

**Notes:**

*(For internal use only)*