



62 Pleasant Street, Marblehead, MA 01945 · Tel: 781-631-2868 · Fax: 781-639-8582
www.marbleheadchamber.org · www.visitmarblehead.com

MEMBERSHIP APPLICATION

Thank you for considering a membership with the Marblehead Chamber of Commerce.
Our membership year runs from January 1st to December 31st of each year.
We encourage you to make full use of the benefits offered through the
Marblehead Chamber of Commerce including,
Networking, Insurance, Web Site Visibility and other Promotional Opportunities.

Name of Business: _____

Name of Contact: _____

Address: _____ City/Zip: _____

Telephone: _____ Fax: _____

Web Site Address: _____

E-mail: _____

(E-mail will be published online unless otherwise requested.)

Number of Employees: _____ Today's Date: _____

What **category** would you like to be listed under in the business directory/web site? (*List 2 if applicable*)
(Please visit www.marbleheadchamber.org to view categories.) _____

Please provide a **brief description** of your business:

What would you like to get out of your membership with the Chamber? _____

Annual Membership Investment for businesses with

1 – 5 employees - \$275

6 – 10 employees - \$495

more than 11 employees - \$825

non-profit or seasonal businesses (June – Dec) – \$165

owner of two businesses (under 5 employees per business) - \$385

(Please Circle Method of Payment) Cash Check VISA MC AMEX

Credit Card # _____ Exp Date: _____ Security Code _____

Signature: _____

Please Note: Membership Investments are considered a Business Expense and not a charitable contribution.

Please send this form back to the office for our records.
THANK YOU FOR JOINING THE MARBLEHEAD CHAMBER OF COMMERCE!
We look forward to serving you!

FOR OFFICE USE ONLY: (check) Date Updated: _____

Microsoft Access _____ Web Site Directory _____ Letter/Decal Sent: _____ E-mail: _____ Salem News: _____ Item: _____