

Business Name: _____



BOOTHBAY HARBOR REGION
— CHAMBER OF COMMERCE —

MEMBERSHIP APPLICATION

Mission: Promote a positive business climate by focusing on advocacy, access, and leadership in the Boothbay Harbor Region.

For over 50 years, the **BOOTHBAY HARBOR REGION CHAMBER OF COMMERCE** has been a 501-C-6 voluntary organization whose membership comprises 400+ business entities and Friends of the Chamber in the communities of Boothbay, Boothbay Harbor, East Boothbay, Edgecomb, Monhegan, Newcastle, Southport, Westport, Wiscasset, Woolwich, Damariscotta, Bristol & Bremen.

A Basic Membership includes a web listing on BoothbayHarbor.com and a FREE standard listing in the 2019 Guide to the Region—a \$200 value! Other marketing opportunities are also available to members. Listed below are Basic Membership Tiers.

(A business that offers both accommodations and restaurants will need to pay a combination of both fees if you would like both entities to benefit in the free standard Guide to the Region listing and standard online web listing.)

ACCOMMODATIONS

Tier 1 (50 rooms or more).....	\$1,295	<input type="checkbox"/>
Tier 2 (30-50 rooms).....	\$895	<input type="checkbox"/>
Tier 3 (fewer than 30 rooms).....	\$495	<input type="checkbox"/>
Cottages/Vacation Rentals/Campgrounds.....	\$495	<input type="checkbox"/>

RESTAURANTS

Tier 1 (Seating for 75 or more).....	\$595	<input type="checkbox"/>
Tier 2 (Seating for 25-75).....	\$495	<input type="checkbox"/>
Tier 3 (Seating for up to 24).....	\$395	<input type="checkbox"/>

BUSINESS/MERCHANTS (A business that sells directly to the public from a store, bricks and mortar, or a business that is not listed in one of the above categories)

Businesses.....	\$395	<input type="checkbox"/>
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BOATS

Tier 1 (50 passengers or more).....	\$995	<input type="checkbox"/>
Tier 2 (fewer than 50 passengers).....	\$395	<input type="checkbox"/>

NONPROFIT.....	\$225	<input type="checkbox"/>
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FRIEND OF THE CHAMBER (individual/couple).....	\$95	<input type="checkbox"/>
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TOTAL _____

MEMBER & PAYMENT INFORMATION

BUSINESS NAME _____ CONTACT NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL _____

I AM PAYING BY CREDIT CARD OR CHECK

PLEASE BILL ME

NAME ON CARD _____

BILLING ADDRESS _____ CITY _____ ST _____ ZIP _____

CC# _____ EXP _____ CODE _____

CHECK# _____ TOTAL _____

CHAMBER FEEDBACK

Please share your thoughts on how we are doing as your Chamber.

