2019 MEMBERSHIP SPECIAL

Greenwich Chamber of Commerce
45 East Putnam Avenue, Suite 121
Greenwich, CT 06830
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email: mokane@greenwichchamber.com
www.greenwichchamber.com

Advocate • Promote • Connect • Educate

Membership Application

Business Name: _____

Address: _____

City, State, Zip Code: _____ Total # of Employees_____

Telephone: _____ Fax:_____

E-Mail: _____ Web Address: _____

Business Category (as listed in the Yellow Pages) & Year Established:_____

Check if you would like your company social plug-ins to be listed: ☐ Facebook, ☐ Twitter, ☐ Other (specify)_____

Company Representatives (next to each representative, please indicate one or more of the designations below):
P- Primary Contact **D**- List in Directory **M**- Receives Chamber Mailings & E-Mails

Name	**Title**	**Designation**	**E-Mail**

Please indicate why you joined the Chamber:
☐ **Networking** ☐ **Community Involvement** ☐ **Stay Informed** ☐ **Other**_____

☐ **Check here if you would like to volunteer** ☐ **Check here if you prefer your company to be unlisted**

I, the undersigned, apply for membership in the Greenwich Chamber of Commerce and agree to pay the annual membership investment* based upon the schedule below.

_____
Signature Owner/Manager Date

I was referred to the Chamber by _____

Non-Profits.....**$210**
(Please Submit 501(c)3 w/ application

Banks.....**$475**
(per Branch)

Annual Dues	$ 295
Business Description On Website@ $50 (annual)	$_____
Logo on Website @ $100 (annual)	$_____
TOTAL	**$_____**

Please Inquire About Additional Advertising Opportunities

Payment Type (Check One): ☐ Check Enclosed ☐ Master Card ☐ Visa ☐ American Express
Card Member Name:_____ Card Zip Code:_____
Card Number: Exp Date: Card Code:

***Payment of membership dues is deductible for most Chamber members as an ordinary and necessary business expense.**