

BARRINGTON CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

Please accept this application for membership. We agree to pay an annual membership as noted below which is appropriate for my/our business.

Business Name: _____

Address: _____

Mailing Address: _____

Contact Name/Title: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Yes, I want to receive email blasts from the Chamber.

Web Address: _____

Membership Category: _____

Describe nature of business: _____

I authorize the Barrington Chamber of Commerce to publish the following information on their website:
(please circle Y or N)

Address Y N Mailing Address Y N Email Y N Website Y N

Membership Dues

Retired/Association/Non-Profit	\$50.00	Business 6-10 employees	\$150.00
Business 1 employee	\$75.00	Business 11 plus employees	\$200.00
Business 2-5 employees	\$100.00		

Your Membership Dues: \$ _____

("employees" are defined as your estimated average annual full-time workforce. Two part-time employees are equivalent to one full-time employee)

Barrington Chamber of Commerce PO Box 363, Barrington, NH 03825

Phone/Fax (603) 664-2200

www.barringtonchamber.org ~~~ info@barringtonchamber.org

THANK YOU FOR YOUR SUPPORT

Date Paid: _____