



GREATER BARRINGTON CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

We agree to pay an annual membership as noted below which is appropriate for my/our business.
Business Card Attached _____.

Business Name: _____

Address/City/St/Zip: _____

Mailing Address/City/St/Zip _____

Contact Name/Title: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

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

Web Address: _____

Web Listing Category: _____

Describe nature of business: _____

I authorize The Greater 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 – circle appropriate category:

- Retired/Association/Club \$ 50 - no discounts included
- Sole Proprietor \$100*
- Business, 1-5 Employees \$150*
- Business, 6-10 Employees \$200*
- Business, 11-50 Employees \$300*
- Business, 50+ Employees \$350*

*Non-profit 5013C organizations receive a 20% discount off their appropriate category above.

Your Membership Dues: \$ _____

("employees" are defined as your estimated annual full-time workforce - 2 part-time employees are equivalent to one full-time employee)

Greater Barrington Chamber of Commerce

970 Calef Highway, PO Box 363, Barrington, NH 03825

Phone/Fax (603) 664-2200 www.barringtonchamber.org - administrator@barringtonchamber.org

THANK YOU FOR YOUR SUPPORT!

Date Paid: _____