APPLICATION FOR MEMBERSHIP

Chatham Chamber of Commerce

Chatham, Cape Cod, Massachusetts

P.O. Box 793, Chatham, MA 02633-0793

TELEPHONE: (508) 945-5199

Name of Organization / Applicant _____

Types of Membership:

- ☐ Accommodations Only (# of bedrooms / cottages _____)
- ☐ Accommodations with Public Dining Services
  (# of bedrooms / cottages _____; # dining seats _____)
- ☐ Restaurant / Deli / Bakery (# of seats _____)
- ☐ Real Estate Organization (# of licensed brokers _____)
- ☐ Professional Organization
- ☐ Retail Establishment
- ☐ In-Home Business
- ☐ Social Member
- ☐ Associate Member
- ☐ Financial Institution
- ☐ Service Business
- ☐ Non-Profit Organization

Name Principal(s)_____

Business Address:_____

Street Town State Zip

Mailing Address: **(If different from Business Address)**

_____

Street/P.O. Box Town State Zip

Telephone: _____ FAX: _____

Email: _____ Website: _____

Please describe the nature of your business: _____

_____

Please note your major interests and expectations regarding your membership in the Chatham Chamber of Commerce.

- ☐ Business Contacts
- ☐ Town Relations
- ☐ Social Interaction
- ☐ Community Service
- ☐ Chatham Lodging Association
- ☐ Chatham Merchants' Association
- ☐ Group Medical Insurance
- ☐ Group Dental Insurance
- ☐ Business Advice
- ☐ Chamber Events
  - ___ Spring Fling
  - ___ Antiques Show & Sale
  - ___ Christmas by the Sea
- ☐ Economic Development Issues

Other (please note) _____

General Comments: _____

_____

Date: _____ Signature: _____