

# Membership Application



I hereby apply for acceptance as a member of the **Hamden Chamber of Commerce**. Membership is payable annually. Dues must be submitted with this application.

**Date of Application:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Key Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Establish Date:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Business Web Address:** \_\_\_\_\_ **Business Category:** \_\_\_\_\_

**Number of Full time employees:** \_\_\_\_\_ **Part time employees:** \_\_\_\_\_

**ANNUAL MEMBERSHIP INVESTMENT:** \$ \_\_\_\_\_

**All Major Credit Cards Accepted:**

**Cardholder's Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Exp** \_\_\_\_\_

**Request for Health Insurance Information: Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

*(Note to applicant: If applying for insurance, your group insurance plan will take affect upon approval by the insurance carrier. In order to maintain this plan, you must remain a member in good-standing.)*

I hereby accept the terms and conditions stated above and I am authorized to sign for the applicant.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

DUES STRUCTURE	
Number of Employees	Annual Dues
Solopreneur	\$225.00
2 – 5	\$250.00
6 – 15	\$350.00
16 – 30	\$450.00
31 – 50	\$500.00
51 +	Contact the Chamber

SPECIAL INVESTMENT CATEGORY
Students - <b>\$25</b>
Senior Member (No business affiliation) - <b>\$75</b>
Individual (No business affiliation) - <b>\$125</b>
Non Profit/Civic/Church Organizations - <b>\$180</b>
Multiple Location Listing - Additional <b>\$100.00</b>