

Membership Application

Business Name		Today's Date			
Business owner/contact name			owner/contact Phone		
Mailing/billing address	City	S	State	Zip	
Email address (for chamber use only, will no	t be included of	on marketing	g/ad material)		
Please tell us about your business:					
Is your business seasonal?	Do you sell pro	oduct/service	s via the intern	et?	
Business address (as you'd like it to appear on market	ing/ad material)	City	State	Zip	
Business Phone (if different from above) fax	ζ	Toll-Free Number			
Website e	mail address (a	s you'd like it to	o appear on marke	ting/ad material	



Membership Application

Membership Investment Level

Until September 30, 2017	October 1, 2017 and after
1-5 Employees - \$170.00	\$200
6-20 Employees - \$270.00	\$300
21-100 Employees - \$375.00	\$400
101 or more employees - \$475.00	\$500

One or more additional businesses of the same owner at a rate of 50% off!

Friend of the Chamber: Retired Professional or Retired Business Owner - \$50 (or more)

Local Community Organizations, including historical societies, schools, and non-profit organizations - \$50 and up (sliding scale based upon annual income-*contact the office for pricing*):

Please make checks payable to the Blue Hill Peninsula Chamber of Commerce Credit/debit card payments may be made in the office, or on-line via PayPal

Thank you for your support of The Blue Hill Peninsula Chamber of Commerce. We look forward to working with you and for you!

> For membership questions, please call (207) 374-3242 Or email membership@bluehillpeninsula.org

For internal use only:				
QB	MC	Website	ML	FB