



MELROSE
Chamber of Commerce

Application for Membership

Please complete this form and return it with payment.

Company Name:

Address:

City:

State:

Zip Code:

Phone Number:

Principal Contact:

Title:

Email Address:

Web Site:

Twitter Handle and/or Facebook Page:

Number of Employees:

Please give a brief description of your business

Primary reasons for joining the Melrose Chamber of Commerce: (Please check all that apply)

- Gift Certificate Program**
- Networking Opportunities**
- Listing in the Chamber Directory**
- Advertising Opportunities**
- Support of Community Organizations**
- Community Involvement**
- Member-to-Member Discounts**
- Staying informed on business and community issues**

Wil you offer Chamber Members discounts? If yes, what is your discount?

Enclosed is a check for Membership dues, with the understanding that this membership is renewed annually unless written notice is provided of intent to resign at least 30 day prior to renewal date. (Please Initial here: _____)

Printed Name and Signature

Date _____