

Membership Application

Please include my business as a member of the Stockbridge Chamber of Commerce at an annual rate of \$_____ (see investment chart to determine annual rate). Date _____

I understand that membership shall be for a minimum of one year from date and shall continue on to above basis until cancelled by notice in writing to the Board of Directors.

Business Name:

Type of Business:

No. of Employees/Members:

Address (mailing and street)

City, State, Zip:

Phone:

Fax:

Home Page Address:

E-mail:

Representative / Title (please print):

Who else in your organization should receive our mailings? (Please provide their email address if applicable)

Investment Chart

Your annual membership fee is based on the number of employees you have.

____ 1-10 employees \$300.00

____ 11-20 employees \$350.00

____ 21 + employees \$400.00

Full time employee = 1

2 Part-time employees = 1

4 Seasonal employees = 1

Organizations, Clubs, Groups are charged by the number of members – replace the above employees with members.

____ Lodging Availability Hotline: Additional fee applies. Please contact the office if you are interested in working on the telephone referral service.

Stockbridge Chamber of Commerce
50 Main Street, P.O. Box 224, Stockbridge, MA 01262
Phone (413) 298-5200 . Fax (413) 931-3128 . Lodging Availability Hotline 866 626-5327
www.stockbridgechamber.org

WEBSITE INFORMATION SHEET

www.stockbridgechamber.org

The core of our site is listings, in categories, of all current Chamber members, with each member entitled to a listing of name, address, telephone number and a brief description. In addition to the listing, each member is entitled to one hot-link to it's own web site if and when one exists.

(Please print or Type the information – Brief Description limited to a maximum of 125 Spaces Not Words.)

Name of Business:

Address:

Telephone Number:

Fax Number:

E-mail Address:

Home Page Address:

Brief Description (limited to 125 spaces)

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