Affiliated Chambers of Greater Springfield, Inc.

East of the River ERC 5 Five Town Chamber of Commerce

East Longmeadow · Hampden · Longmeadow · Ludlow · Wilbraham

Springfield

PROFESSIONAL Women's CHAMBER

Affiliated Chambers of Commerce of Greater Springfield
Membership Application

Business Name: ____

Business Email *(for general public contact)*:______________________________

Physical Location Address: ______________________________________

Mailing Address: _______________________ Billing Address: _______________________

Business Website: __________________________No. Full-Time Employees: ________ Year Est. _______

Main Contact Name: ____

Title: ______________________________ Phone: ______________ Fax: ______________

Email: ______________________________ Signature:______________________________

Billing Contact Name:____

Phone: _____________ Fax: _____________ Email: ______________________________

Type of Business *(see categories list – please choose one.* ***$100 fee per additional category selected****)*:

1st: _______________ Additional: _____________ Additional: _____________ Additional: _____________

Please enter your business description in the spaces provided below *(approximately 40 characters)*:

☐☐

Ownership Description: __African American __Hispanic __Non-Profit __Female ___Non-Minority __Other

Annual Investment Schedule: *Please sign me up as a member of the -* ***(check one)***

East of the River 5 Town Chamber of Commerce
$300 base, plus $4.00 per full-time employee

____East Longmeadow/Longmeadow
____Ludlow
____Hampden/Wilbraham

Springfield Chamber of Commerce
$355 base, plus $8.50 per full-time employee

____Springfield

**Non-profits sign up at the base rate of the chamber of commerce selected* ***Out of service area businesses sign up for a flat rate of $380*

Who referred you? Name:_________________________Company:__________________

☐ **Enclosed is a check for $_______ for my annual dues** *(plus any additional category listings I chose)*

☐ **Please charge my:** American Express _____ Discover _____ VISA _____ MasterCard _____

Signature: ______________________________ **Date:** ________ **Amount to Charge:** ________

Card Number: ______________________________ **Expiration Date:** __________

Staff Use Only
Date Received:

Join Date:

Diplomat:

Please return application to
Affiliated Chambers of Commerce of Greater Springfield, Inc., 1441 Main St., Ste.136, Springfield, MA 01103
Phone: (413) 755-1318 Fax: (413) 731-8530