



Membership Application Form

Business Name: _____

Mailing Address: _____

City, State, Zip: _____

Contact Name: _____

Email Address: _____

Telephone: _____ **Fax:** _____

Website: _____

2015 Membership Fees:

(Based on number of Full-time Equivalent employees)

_____ 1-2 employees, \$120 per year

_____ 2-10 employees, \$200 per year

_____ 11-20 employees, \$500 per year

_____ 21-49 employees, \$1000 per year

_____ 50+ employees, \$2000 per year

All nonprofit organizations receive a 25% discount.

Please make checks payable to:

North Adams Chamber of Commerce

Send payment to:

North Adams Chamber of Commerce

P.O. Box 344

North Adams, MA 01247