



2018 Membership Application

Business Information (check the box next to each piece of information you would like the Mashpee Chamber of Commerce to publish on mashpeechamber.com and in our annual print magazine.)

- Business Name:
- Description (Type of Business):

Company Name (or LLC, if different from listed business):

- If Associate Member, Name of "Parent" Business:

- Phone Number:
- Fax Number:
- Physical Address/Location:

- Handicap Accessible (circle one): **YES NO Not Applicable** Notes:

- Mailing Address (if different):

- Email:

- Website:

- Facebook: Twitter: Instagram:

Contact Information (this information is for internal use only and will not be published or distributed unless otherwise specified.)

Your Name:

Your Relationship to Business: (ie Manager, Owner, Franchise Owner)

Your Phone Number:

The best time of day to reach you:

Email:

Invoices should be emailed, mailed, or faxed to:

For Chamber Use

- Business with 1-3 Employees \$250 annually
- Business with 4 or more Employees \$275 annually
- Non-Profit \$150 annually
- Associate Member \$100 annually (for second, third (and so on) businesses owned by the same parent company or individual.)
- Individual DBA or Sole Proprietor \$99 annually with commitment to 25 hours of volunteer service for MCOC
_____ Signature indicates agreement to terms described in volunteer contract*
- One-time Administration Fee for New Members \$25

Date of Joining: