



Membership Application

Business/Organization Name _____

Address _____

Telephone (O) _____ (C) _____

Email _____

Website _____

Contact Name (please sign below) _____

Business/Organization Description (one to two-line summary)

Business Category (see website for listings) _____

Exclusive Member to Member Discount Program –discounts to other Easton Chamber members. Would your business be interested in participating?

Yes/No Discount offered _____

The *Calendar-Year* Membership Fee is \$250 (may be prorated by quarter joined), payable to:

Easton Chamber of Commerce
P.O. Box 69
Easton, MA 02334

To join/pay online, visit www.easton-chamber.com and click on the Membership tab. Please note that membership follows the calendar year.

Signature of applicant: _____ Date _____

Supporting our Business Community