



## Chamber of Commerce 2020 Membership Application Form

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

### 2020 Membership Fees:

*(Based on number of Full-time Equivalent employees)*

\_\_\_\_\_ 1-2 employees, \$120 per year

\_\_\_\_\_ 3-10 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 form and payment in enclosed envelope or mail to:

**North Adams Chamber of Commerce**

**P.O. Box 344**

**North Adams, MA 01247**

North Adams Chamber of Commerce

413-398-4084

northadamschamber@gmail.com

www.explorenorthadams.com