

Director of Membership Development: Pat Morgenstern

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Hampton Area Chamber of Commerce

APPLICATION FOR MEMBERSHIP

Business Name _____

Street Address (Location) _____

City / State _____ Zip _____

Billing / Mailing Address (if different) _____

Owner's Name _____

Contact Person (if different) _____ Title _____

Phone 1 _____ Phone 2 _____ FAX _____

E-Mail Address _____

Website _____

Type of Business _____ Number of Employees _____

Under which category should you be listed in Chamber database? _____

Alternate Winter Address (if applicable) _____

City / State _____ Zip _____

Approximate No. of Months at Alternate Address _____

Authorized Signature _____

Date Joined _____

For Office Use:

Sponsor: Pat Morgenstern

Membership Investment: 250.00

Administrative Fee (one time): 25.00

Total Due: 275.00

Non-Profit or Individual Membership: 125.00 plus \$25 Admin
(Call for Qualifications)