

One Lafayette Road • P.O. Box 790
Hampton, NH 03843
Phone: 603-926-8718
Fax: 603-926-9977

Director of Membership Development: *Rusty Bridle*

Rusty@hamptonchamber.com
www.hamptonchamber.com

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 _____ Facebook _____

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: Rusty Bridle

Membership Investment: _____ (See List of Fees attached)

Administrative Fee (one time): \$25 (Add to Fee above)

Total Due: _____

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