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\_\_\_\_\_ Ambassador Initial

## MEMBERSHIP APPLICATION Date \_\_\_\_\_

The Sebasticook Valley Chamber of Commerce invites you to apply for membership. Membership is attained by approval of the Board of Directors. Simply fill out the form below and you will be well on your way to full, recognized membership!

**Please be sure to fill in all form elements marked with a \***

\*Contact Person \_\_\_\_\_  
 \*Business Name \_\_\_\_\_  
 \*Address \_\_\_\_\_  
 \*Town \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 \*Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
 \*Email Address \_\_\_\_\_  
 Website www. \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Number of Employees \_\_\_\_\_ Referred for Membership \_\_\_\_\_

### SCHEDULE OF FEES

- Sponsoring Individual \$50.00
- Clubs and Organizations \$50.00

### BUSINESS RATES

- 1 to 5 employees \$150.00
- 6 to 10 employees \$200.00
- 11 to 25 employees \$300.00
- 26 to 99 employees \$450.00
- 100+ employees or multi-location \$650.00
- Not for profit businesses & seasonal 1/2 the above business rates based on # employees.

*(Clubs & organizations already receive a discount—no additional discount as not-for-profit businesses.)*

Membership investment is based on the number of full-time employees. If you have several part-time employees, please combine their hours and count them as "Full-time Equivalents."  
 Multiple businesses? 50% discount for additional businesses' membership

### Membership Opportunities: (please check all that apply)

- \_\_\_\_\_ I am interested in free display of my brochures/materials in the Chamber Information Building.  
 \_\_\_\_\_ I am interested in participating in the 'Business of the Week' campaign.  
 \_\_\_\_\_ Please send me information on chamber advertising packages.  
 \_\_\_\_\_ Please contact me with information on volunteer opportunities with Chamber committees.

### To Pay by Credit Card:

TYPE OF CARD: (PLEASE CIRCLE)	MASTER CARD	VISA	DISCOVER
CARD NUMBER			
BILLING ADDRESS			
NUMBER	St		
ZIP CODE			
3 DIGIT CODE (BACK OF CARD)	Expiration Date MM / YYYY /		
SIGNATURE			

