



**APPLICATION FOR MEMBERSHIP**

Company or Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner: \_\_\_\_\_ Manager: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Toll-Free: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Contact for Billing: \_\_\_\_\_ Via Email? \_\_\_\_\_  
Via Mail? \_\_\_\_\_

Additional Contacts for receipt of email news? Add names and emails: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (will not be made public)

Business Description: (used for our Chamber Database, Website, Newsletter): (Maximum **Characters 250**)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Annual Dues:** Please refer to dues investment schedule. \$ \_\_\_\_\_

**Your Businesses Category:**

#1 \_\_\_\_\_ #2 \_\_\_\_\_  
#3 \_\_\_\_\_ #4 \_\_\_\_\_

Credit Card Billing Information: Choose Your Card Type: AMEX\_\_\_ DISCOVER\_\_\_ MASTERCARD\_\_\_ VISA\_\_\_

Please Charge My Credit Card: \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Application prepared by: (*print name*) \_\_\_\_\_

Title: \_\_\_\_\_ Signature \_\_\_\_\_

**Please return completed application and dues to Southern Midcoast Maine Chamber**  
8 Venture Avenue, Brunswick Maine 04011 Mail: PO Box 33, Brunswick, ME 04011  
Email: [Info@midcoastmaine.com](mailto:Info@midcoastmaine.com) Phone (207) 725-8797  
[www.midcoastmaine.com](http://www.midcoastmaine.com)