



2008 MEMBERSHIP APPLICATION FORM

PLEASE RETURN THIS FORM WITH PAYMENT TO:

WILLIAMSTOWN CHAMBER OF COMMERCE, P.O. BOX 357, WILLIAMSTOWN, MA 01267

**TO ENSURE A LISTING IN THE NEXT PRINTING OF THE CHAMBER'S "GUIDE & MAP,"
PAYMENT OF MEMBERSHIP DUES AND MEMBERSHIP APPLICATION FORM
MUST BE RECEIVED BY DECMEBER 1, 2007**

Business Name _____

Street Address, City, State, Zip _____

Mailing Address, City, State, Zip _____

Contact Person _____ E-Mail _____

Telephone _____ Fax _____

Company E-mail _____ Website _____

Employee e-mail for Chamber monthly newsletter and networking events calendar:

1. _____ 3. _____

2. _____ 4. _____

Desired business category: Which category do you want your business listed in? (refer to Chamber website for categories) _____

Chamber website: Your business listing on our website will include the following from above: business name, street address, telephone, company e-mail and website address. You can also add the following info:

Toll Free Phone Number: _____

Hours of Operation: _____

Supported Payment: (such as AMEX, VISA, Checks, Cash, etc.) _____

Additional Comments: (limited to 50 letters including numbers & spaces) _____

Same Owner, Additional Business Listing(s) \$105 per Listing

Single Business, Additional Category Listing(s) \$105 per Category

YOUR INVOLVEMENT ON A CHAMBER COMMITTEE IS WELCOME AND ENCOURAGED!

Please indicate your interest in the following committees:

- Programming
- Sponsorship/Fundraising
- Membership
- Lodging and Restaurant
- Marketing
- Holiday Walk Weekend
- Bay State Winter Games