


Sebasticook Valley 
CHAMBER
of **COMMERCE**

PO Box 464 Newport, ME 04953

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info@ourchamber.org

www.ourchamber.org

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! All applications are subject to a 14-day grace period. Member benefits may take up to 14 days to go into effect.

Business: _____ Contact Person: _____
 Address: _____ Town: _____ ZIP: _____
 Business Phone: _____ Email: _____
 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 \$600.00

Not for profit businesses & seasonal ½ 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 brochure in the Chamber Information Building
 Please send me information on chamber advertising packages.
 Please contact me with info on volunteer opportunities with Chamber committees.

To Pay by Credit Card:

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

