



## Membership Application

Today's Date: \_\_\_\_\_ Check # \_\_\_\_\_

Business Name \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

Nature of business \_\_\_\_\_

Membership: Business \$100.00/year Non-Profit \$75.00/year (Please circle one)

PAYMENT METHODS: Please indicate your payment method -

Make checks payable to Tri Town Chamber of Commerce  
(indicate "membership fee" on the memo line)  
Mail to: P.O Box 632, Goffstown, NH 03045

Pay cash at a Chamber mixer Date paid: \_\_\_\_\_

How did you hear about us (check all that apply)

Chamber mixer  Facebook  Direct mailing  Phone Call  Other

Referred by: \_\_\_\_\_