

Application for Everett Chamber of Commerce Membership

To the Chamber Board of Directors:

Application is hereby made for an annual membership in the Everett Chamber of Commerce.

Business and/or Individual Name: _____

Address: _____

City, Street, Zip Code: _____

Phone: _____ Fax Number: _____

Email: _____ Website: _____

Business Description: _____

Number of Full-Time Employees: _____ Business Phone: _____

Primary Representative: _____ Title: _____

Secondary Representative: _____ Title: _____

Home Office or Billing Address if other than above: _____

Number of Years in Business: _____

Would you be willing to serve on a Chamber Committee? _____

Please check one:

_____ ***1 – 5 Employees (minimum)*** ***\$125.00***

_____ ***6 – 15 Employees*** ***\$200.00***

_____ ***16 – 25 Employees*** ***\$275.00***

_____ ***26 – 49 Employees*** ***\$350.00***

_____ ***50 or more (minimum)*** ***\$450.00***

_____ ***Banks, Institutions and Utilities*** ***\$750.00***

Please mail completed application with check to:

Everett Chamber of Commerce, 467 Broadway, Everett, MA 02149

For questions call 617-387-9100 or email us at ecocoffice@aol.com