

Application for Everett Chamber of Commerce Membership:

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? _____

For membership dues, pricing or any other questions please call or
617-387-9100 or email us at ecocoffice@aol.com

Please mail completed application with check to:
Everett Chamber of Commerce, 467 Broadway, Everett, MA 02149

Website: www.everettmachamber.com

FB: [@Everett Chamber of Commerce](https://www.facebook.com/EverettChamberofCommerce)

Twitter: [02149_Chamber](https://twitter.com/02149_Chamber)

LinkedIn : [Everett Chamber of Commerce](https://www.linkedin.com/company/EverettChamberofCommerce)