



Membership Application (6/10)

Application is hereby made for membership in the SIMSBURY CHAMBER OF COMMERCE:

Company Name	Your Name and Title
Street Address	Mailing Address (if different)
City	State and Zip Code
Telephone Number	Fax Number
E-mail address	Website address
Description of Business	Primary product or service
How did you learn about us or the name of your sponsor	Applicant Signature Date

MEMBERSHIP DUES SCHEDULE

“Membership Year” is June 1 to May 31

Please call the Simsbury Chamber office for your pro-rated dues schedule

“Employees” refers to all individuals working 30 or more hours per week, including firm’s principals, owners and management personnel.
Non-profit organizations with 501(c) (3) status are asked to contact the office for annual dues information.

Pro-rated dues will be offered to first time members or past members who rejoin the chamber two years after their “membership year” has lapsed.

Employees	Annual Rate
1-2	\$180
3-5	\$250
6-10	\$330
11-25	\$465
26-50	\$540
51-250	\$690
251-500	\$975
501 or more	\$1,400

of Full Time Employees: _____ \$ _____ (see schedule)
 # of Part Time Employees: _____ no charge (less than 30 hrs/week)
Total Dues: (call for pro-rated dues) \$ _____

Please make check payable to: Simsbury Chamber of Commerce
 (Application cannot be processed without payment)

MasterCard

Visa

Account # _____ Exp. Date: _____
 Name as it appears on card: _____
 Your signature: _____

Questions? Call the Simsbury Chamber of Commerce Office at **(860) 651-7307**
 749 Hopmeadow Street, PO Box 224, Simsbury, CT 06070
Fax: (860) 651-1933 e-mail: info@simsburycoc.org