



# Membership Application

Maintaining up-to-date contact information is essential for the Chamber to successfully support its Members. Please take a moment to fully complete this application and return it to us.

Mail to: GWCC  
PO Box 111  
Wakefield, NH 03872

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

**MEMBERSHIP TYPE:** (select all that apply)

- |   |         |   |         |
|---|---------|---|---------|
| <input type="checkbox"/> New/Renewal              | \$85.00 | <input type="checkbox"/> Non-Profit & Individuals                                       | \$50.00 |
| <input type="checkbox"/> 2 <sup>nd</sup> Business | \$43.00 | <input type="checkbox"/> Churches, Libraries, Town Offices<br>& Select Town Departments | \$50.00 |

(2<sup>nd</sup> Business Name)

**Total Amount Due:** \$ \_\_\_\_\_

Please make checks payable to GWCC

To The Board of Directors:

Application is hereby made for the election to the GWCC with full privileges and benefits therein. I understand my membership is a contract with the Chamber and is continuous unless canceled in writing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To best serve our community, the Chamber of Commerce wants to hear from you!  
Comments/ Questions/ Suggestions/ Concerns: