

Bennington Area Chamber of Commerce 2011 Membership Application Form

Name of Business:	Telephone: W: H:
Owner/Contact Person:	Fax:
Street Address:	Email:
Mailing Address:	Website Address:

Membership Category	Directory Category
Basic Membership- Sole Proprietor	
Accommodations	
Banks	
Churches/Faith Communities	
Non-Profits/Government/Education	
Restaurants & Dining	
All other Businesses	
Second Business owned by member	
Friends of the Chamber	

See Enclosed Membership Investment Schedule for Dues Calculation:

Number of Permanent Employees: Employee counts should be based upon full time equivalents. (Part-time employees ½ employee)

Full time: ____ Part time: ____ Total ____

Dining /Number of seats: _____

Lodging /Number of rooms: _____

Dues Amount \$ _____

Second Listing Directory (\$125) \$ _____

Total Dues \$ _____

Member Signature _____

Date: _____

PAYMENT SCHEDULE - please check your option

____ Annual Payment

____ Quarterly Payments

Kindly make your check payable to:

Bennington Area Chamber of Commerce

100 Veterans Memorial Drive, Bennington, VT 05201

or Please Charge my MasterCard or Visa

Card # _____

Expiration Date _____