



CAPE ANN CHAMBER OF COMMERCE
Membership Application

Company Name: _____

Physical location:
Street _____
City, State, Zip _____

Mailing address:
Street _____
City, State, Zip _____

Phone: _____ Fax: _____ 2nd Phone: _____

Website: _____

Business Type (for listing in the Business Directory): _____

One free listing in the Cape Ann Guide is a member benefit. Additional listings are \$50 per category.

Contact: _____

Title: _____

Email address for publication: _____ Email address for correspondence: _____

Please note: email is the primary method of Chamber communication.

Annual Membership Investment

Membership category:

See www.CapeAnnChamber.com for a full list of member benefits.

- Standard Business: \$345 (From 1 to 5 employees) Please inquire about larger numbers of employees.
Second Business: \$175 for a second business under identical Chamber member ownership
Business Affiliate: \$175 for an individual professional (Realtor, doctor, lawyer, etc.) affiliated with a member Standard Business
Accommodation: \$345 (up to 20 units), add \$10 per additional unit
Dining Establishment: \$345 (up to 40 seats), add \$1.50 per additional seat
Off Cape Ann Business: \$345 per year

Limited benefits categories:

- Non-profit Organization: \$130
No Ad-Pak and no MAC discount. Single listing in the Cape Ann Guide
Associate Member: \$100
Limited to retirees and elected officials. No Ad-Pak and no MAC discount. Listed as "Individual" in Chamber publications and websites

Payment enclosed. (Make check payable to Cape Ann Chamber of Commerce)

Payment by credit card

Card Type: MC Visa AMEX Discover Card Number: _____ Expiration: _____

Semi-annual, quarterly, and monthly payment plans are available to those members paying automatically by credit card. Please contact the Finance Manager at 978-283-1601 for details and to make arrangements.

Membership renews automatically on the annual anniversary of this contract. Resignations must be submitted in writing to: Membership, Cape Ann Chamber of Commerce, 33 Commercial Street, Gloucester, MA 01930, 30 days prior to resignation.

Company representative _____ Date: / /