



MEMBERSHIP APPLICATION

Annual Renewal New Member

Full name of business

Address of business

City & State

Phone Number

Fax Number

E-mail address

Web Site address

Type of business/description

Business Hours

Member Contact

On the back of this application please write the names and e-mail addresses of additional people in your organization who would like to receive Chamber news.

Signature

Date

Madison Chamber of Commerce
P.O. Box 152, Madison, NJ 07940
p 973-377-7830 f 973-822-0451
www.madisonnjchamber.org

ANNUAL MEMBERSHIP DUES

For Fiscal Year
July 1, 2010- June 30, 2011

<i>No. of Employees</i>	<i>Amount</i>
1-10	\$160.00
11-50	\$185.00
51-99	\$285.00
100+	\$435.00

Non-Profit Groups

Universities \$435.00

Other:

1-25 employees \$60.00
26+ employees \$100.00

No. of Employees _____

How should we contact you?

___ Phone ___ Fax ___ E-mail ___ Direct mail

Ways to Volunteer

I would like to participate on the following:

___ Board of Directors ___ Event Judge
___ Meeting Speaker ___ Scholarship
 Committee
___ Event Volunteer ___ Other

Make checks payable to the
Madison Chamber of Commerce

Membership dues are tax deductible as an
ordinary business expense.

Membership dues are not refundable.