



Membership Application
611 Massachusetts Ave. Arlington, MA 02474

Call us at 781.643.4600 • Visit us at www.arlcc.org

Apply online at www.arlcc.org/membership/join/

DATE _____ BUSINESS NAME _____

CONTACT NAME _____

BUSINESS LOCATION _____

CITY _____ STATE _____ ZIP _____

BILLING ADDRESS IF DIFFERENT _____

TELEPHONE _____ FAX _____

E-MAIL ADDRESS _____ URL _____

CATEGORY _____

WHO REFERRED YOU TO THE CHAMBER? _____

Your membership year begins the day you join, ending one year later. Your dues are calculated by the number of people in your organization. Please check the appropriate field. If you are taking advantage of a membership special, just note the special on this form.

1 **Single Person**- \$125.00 ____
(No employees)

2-5 (\$225): _____ **6-10** (\$250): _____ **More than 11** (\$290): _____

Call the Chamber for details if you would like to pay your dues in 4 installments.

Non-profit organizations, dues are discounted 50%; 501(c) certificate required.

Please complete and return with check/credit card approval payable to
Arlington Chamber 611 Massachusetts Ave. Arlington, MA 02474 or fax to 781-646-5581

Make a copy for your records.

Remember that your dues are a tax deductible business expense.

Method of Payment (check one) Cash _____ Check _____ Credit Card _____

I authorize you to charge \$ _____ to my **VISA** or **MASTERCARD** (circle one)

Card holder's name as it appears on card _____

Account # _____ Expiration Date _____

Amount: _____