

(Print this page and return completed to the Chamber with payment)  
**NORTH SUBURBAN CHAMBER OF COMMERCE**  
76R Winn Street, Suite 3D, Woburn, MA 01801 (781) 933-3499; FAX: (781) 933-1071;  
E-MAIL - [INFO@NORTHSUBURBANCHAMBER.COM](mailto:INFO@NORTHSUBURBANCHAMBER.COM)  
[www.northsuburbanchamber.com](http://www.northsuburbanchamber.com)

**APPLICATION FOR MEMBERSHIP**

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

President/Principal Owner/Manager \_\_\_\_\_

Contact Person (if different than above) \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

Contact E-Mail \_\_\_\_\_ Company Website \_\_\_\_\_

We heard about the NSCC from \_\_\_\_\_

Type of Business (you will be assigned a general category) \_\_\_\_\_

Number of full-time equivalent Employees \_\_\_\_\_ Years in Business \_\_\_\_\_

Annual Investment \$ \_\_\_\_\_ (Call us at 781-933-3499 for Investment Schedule))

*One-time Administration Fee\*\* + \$25.00*

**TOTAL PAYMENT =** \_\_\_\_\_

Payment By:

\_\_\_\_ Check (Payable to: North Suburban Chamber of Commerce)

\_\_\_\_ MasterCard \_\_\_\_ Visa \_\_\_\_ American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

What benefits do you expect from your investment? \_\_\_\_\_  
\_\_\_\_\_

Put additional contact name & email address you would like on our mailing list below.

Name \_\_\_\_\_ Email \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Chamber Rep. \_\_\_\_\_