

MEMBERSHIP APPLICATION

Company Name: _____

Contact Person: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Business Phone: _____ Cell Phone: _____

E-mail: _____

Website: _____

Type of Business: _____

Number of Employees: _____

Description of Business (25 word or less): _____

Sales Representative: _____

MEMBERSHIP – ANNUAL DUES

| | |
|-------------------------|----------|
| Corporate Partner | \$ 5,000 |
| Premier Member | \$ 2,500 |
| Friend of the Chamber | \$ 1,000 |
| For Profit Business | \$ 350 |
| Non-Profit Organization | \$ 250 |
| Associate Member | \$ 250 |

BILLING INFORMATION

Name on Card: _____

Billing Address: _____

Billing Zip: _____

Card Type: _____

Card Number: _____

TOTAL: \$ _____ Expiration: _____ CVC Code: _____

Email Receipt Sent to: _____

Signature: _____ Date: _____

PAYMENT MUST ACCOMPANY APPLICATION

www.nwctchamberofcommerce.org

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- Workshops, Webinars
- Networking, Sales Leads
- Connections to American Job Center, Department of Labor, the NW Regional Workforce Investment Board and Board of Regents CSCU
- Industry-Specific Peer Groups
- Communication, Access to Local, State and Federal Leaders
- Marketing Channels
- News Updates
- Collaborations
- Professional Development
- SCORE

