



# Membership Application

Date \_\_\_\_\_ Business Established \_\_\_\_\_ #Employees FT \_\_\_ PT \_\_\_ Referred By: \_\_\_\_\_

Business Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary Contact \_\_\_\_\_

Email \_\_\_\_\_

Phone/Ext \_\_\_\_\_ Cell Phone \_\_\_\_\_

Billing Contact \_\_\_\_\_ Phone/Ext \_\_\_\_\_

Email \_\_\_\_\_

Human Resource Contact \_\_\_\_\_ Phone/Ext \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical address if different from mailing \_\_\_\_\_

Billing address if different from mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website \_\_\_\_\_ Facebook Page \_\_\_\_\_

*If you wish to have multiple people from your business receive email please information below.*

Name \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

Annual month for membership dues collection \_\_\_\_\_ Amount of dues \$ \_\_\_\_\_

Method of payment \_\_\_CHECK \_\_\_CREDIT CARD \_\_\_OTHER

If paying by check, please mail check and application to: GNACC 112 Main Street, Norwich, CT 06360

If paying by credit card, the Chamber office will call you for your information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reasons for Joining the Chamber?**  Grow my business  Marketing  Networking  Visibility  Good Neighbor  
 Insurance type: \_\_\_Business \_\_\_Health \_\_\_Life \_\_\_Other  Other Reason for joining \_\_\_\_\_

**Chamber benefits and services that you are most interested in?** \_\_\_\_\_

**Are you able to attend Chamber events:**  Yes  No if yes, preferred time \_\_\_morning or \_\_\_evening

**Preferred method of communication:**  email  mail  Facebook

**Would you occasionally be willing to:**  volunteer  participate in programs  sponsor an event  donate raffle items  
 Host a BAH  Host a Breakfast

**Are you interested in setting up a Business Assistance Team meeting?**  Yes  No not at this time.

**How else can GNACC help your business?** \_\_\_\_\_

**We strongly suggest you attend a Chamber Benefit Workshop to know the member benefits and services available to you. If you are unable to attend a workshop, due to your business would you like a personal visit to go over the benefits?**  Yes  No

