

The **Arlington** Chamber of Commerce

2008-2009 Membership Application One Whittemore Park, Arlington, MA 02474

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

DATE _____ BUSINESS NAME _____

CONTACT NAME _____

BUSINESS LOCATION _____

CITY _____ STATE _____ ZIP _____

BILLING ADDRESS IF DIFFERENT _____

TELEPHONE _____ FAX _____

E-MAIL ADDRESS _____ URL _____

CATEGORY (call the Chamber for more details) _____

WHO REFERRED YOU TO THE CHAMBER? _____

I'd like to receive information about Shop Arlington First, the Chamber's initiative to promote local commerce (www.shoparlingtonfirst.com). _____

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:

1-5 (\$225): _____ **6-10 (\$250):** _____ **More than 11 (\$290):** _____

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

Please complete and return with check/credit card approval payable to
Arlington Chamber of Commerce, One Whittemore Park, 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: _____

For office use only:

D'base: _____ QB: _____ Add'l cat: _____ CC: _____ ARLCC: _____ SA1st: _____ List: _____ E-mail: _____