



2009 Member Application

One Whittemore Park
 Arlington, MA 02474
 Tel: 781.643.4600 / Fax: 781.646.5581
 www.ShopArlingtonFirst.com

An Arlington Chamber of Commerce Initiative

Your \$50 investment covers program costs in 2009.

PLEASE NOTE: ALL SHOP ARLINGTON FIRST PARTICIPANTS MUST BE CHAMBER MEMBERS.

STEP 1

BUSINESS NAME: _____
 BILLING ADDRESS: _____
 CONTACT: _____
 PHONE: _____ FAX: _____
 *E-MAIL: _____

**We must have an email address or fax number for Shop Arlington First communications.
 The address is for the Chamber's use only and will not be shared with any other entity.**

STEP 2

THIS IS HOW THE INFORMATION NOW APPEARS ON THE INSERT. PLEASE MAKE ANY NECESSARY CHANGES:

«Category»	(see below)
«Business»	
«Address»	
«Phone»	

CATEGORIES THAT APPEAR ON THE INSERT:

- | | |
|----------------------|-------------------------|
| ADVERTISING | PERSONAL CARE & FITNESS |
| ARTS & ENTERTAINMENT | PROFESSIONAL |
| BANKS | RETAIL |
| FOOD & RESTAURANTS | SERVICES |

STEP 3

Method of payment (check one): () CASH () CHECK () VISA () MASTERCARD
 Card holder's name as it appears on card _____
 Account # _____ Expiration Date _____
 Amount: _____

For office use only:
 Date rec'd _____ CC _____ Insert _____ Data base _____