



2006 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 2006.

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
 ARTS & ENTERTAINMENT
 BANKS
 FOOD & RESTAURANTS

PERSONAL CARE & FITNESS
 PROFESSIONAL
 RETAIL
 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 _____