



Greater WAKEFIELD Chamber of Commerce

3 High Street * Sanbornville, NH 03872

P O Box 111 * Wakefield, NH 03872

603-522-6106 Fax: 603-522-6020

www.wakefieldnh.org

Membership Application

To The Board of Directors: Application is hereby made for the election to the GWCC with full privileges and benefits therein. I understand my membership is a contract with the Chamber and is continuous unless canceled in writing.

Company Name: _____

Address: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Website: _____ Contact Person: _____

Type of Business: _____

Dues: \$ _____ Included with this application is an initial fee of \$25.00 and the first year's dues or \$90.00 pro-rated for businesses from March to March; \$55.00 for nonprofit & individuals; free for municipalities and religious organizations; 2 businesses in same household, 2nd business is discounted to half price. Membership Referral Program - \$10.00 of current members rates for each referral starting 6/15/2007.

Applicant Signature: _____ Date: _____

Referred by (if applicable) _____

I would like to volunteer as _____

Membership Rates (Based on March Billing Date)

Month Joined	Initial Fee	Dues	Total to Join
March	\$25.00	\$90.00	\$115.00
April	\$25.00	\$83.00	\$108.00
May	\$25.00	\$76.00	\$101.00
June	\$25.00	\$68.00	\$93.00
July	\$25.00	\$60.00	\$85.00
August	\$25.00	\$53.00	\$78.00
September	\$25.00	\$45.00	\$70.00
October	\$25.00	\$38.00	\$63.00
November	\$25.00	\$30.00	\$55.00
December	\$25.00	\$23.00	\$48.00
January	\$25.00	\$16.00	\$41.00
February	\$25.00	\$8.00	\$33.00