

APPLICATION FOR MEMBERSHIP

To apply online, visit https://greaternewtoncc.com/membership-application/

FOR PUBLIC VIEW (ie. Greater Newton Chamber website and directory)

Name of Business:		
Business Category: (select all that apply)	 Automotive Services Beauty/Fitness Bridal Services Education Financial Services Government Healthcare Home Services Other: 	 Legal Services Lodging Marketing Non-profit Pet/Animal Services Professional Services Restaurant Retail
Business Description	1:	
Services of Note (ie.	delivery available):	
Keywords that help I	people find your business:	
Website:		
Social Media	Twittor	
Phone Number:		
Contact Name (for in	quiries from the public):	
Location Address(es):	
	es (at locations in Greater Newtonstablished:	
Email:		
Phone Number:		
Mobile Phone (option	nal):	continued on the next page

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Billing/Mailing Address:	
Prefer to receive invoices via Mail / Email	
Please let us know	
Do you have space to host a Chamber event? Yes / No If yes, how many occupants can it hold? and, do you have tables & chairs in this space?	
What area(s) of expertise can your organization speak about at a Chamber event?	
Would you like to offer a discount/item exclusively to other Chamber members and their employees? Yes / No If yes, what?	
Would you like to purchase ad space in our upcoming printed Member Direction 1/4 page: \$30 1/2 page: \$55 Full page: \$100 Inside front cover: \$150 (only one available) Inside back cover: \$150 (only one available) Back cover: \$200 (only one available)	ectory?
Would you participate in our piggyback mailing program? Yes / N (You provide flyers to be included in a Chamber mailing; \$50 per	No r insertion)
Are you currently receiving our e-mail newsletters? Yes / N If not, please visit GreaterNewtonCC.com and subscribe! If yes, do you find them useful? Yes / No Is there anything else you would like to see in the e-mail newsle	No tters?
Please return completed application with payment. Check made payable to 'GNCC'	ANNUAL DUES: \$195.00
○ Credit/Debit Card: Visa / Mastercard / Discover / A	American Express
Card Number: Expiration:	CVV:
Name on Card: Billing Zip C	
Authorized Signature	
Authorized Signature.	

This application is subject to approval by the Board of Directors. There could be (up to) a one month waiting period before membership is activated. If membership is denied, payment will be refunded. Your investment is tax deductible as business expense and is renewed annually unless cancelled in writing.

ver.09-2020