



# Wakefield Chamber of Commerce

www.wakefieldma.org

Americal Civic Center • 465 Main Street

Post Office Box 585 • Wakefield, MA 01880

Phone: 781-245-0741; Fax: 781-245-0755

chamber@wakefieldma.org

*Fill out the application and send it, with membership fee, to the Chamber.*

## Membership Application

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Description of business or profession \_\_\_\_\_

President or Principal Officer \_\_\_\_\_

Name of Executive to Contact \_\_\_\_\_

Number of Years in Business \_\_\_\_\_

Average Number of Full-time Employees, including principals \_\_\_\_\_

Number of branches included in membership \_\_\_\_\_

Is your firm a member of a national corporation? \_\_\_\_\_

Is your firm interested in health insurance through Chamber membership? \_\_\_\_\_

Annual Fee Membership Schedule: (check one)

Churches/Nonprofit Clubs	\$50.00	_____
Library	\$50.00	_____
Owner/Operator	\$95.00	_____
2 - 4 Employees	\$100.00	_____
5 - 10 Employees	\$115.00	_____
11 - 15 Employees	\$145.00	_____
16 - 25 Employees	\$175.00	_____
26 - 100 Employees	\$230.00	_____
101 - 200 Employees	\$290.00	_____
201 - 300 Employees	\$350.00	_____
300 + Employees	Negotiable	_____
Utility	\$250.00	_____

*Sign and Date this application, and return it, with the fee to  
Post Office Box 585, Wakefield, MA 01880*

Signature \_\_\_\_\_ Date \_\_\_\_\_