Madison Chamber of Commerce
P.O. Box 152, Madison, NJ 07940
p 973-377-7830 f 973-822-0451
www.madisonnjchamber.org

MEMBERSHIP APPLICATION

Annual Renewal **New Member**

_____
Full name of business

_____
Address of business

_____
City & State

_____
Phone Number

_____
Fax Number

_____
E-mail address

_____
Web Site address

_____
Type of business/description

_____
Business Hours

_____
Member Contact

On the back of this application please write the names and e-mail addresses of additional people in your organization who would like to receive Chamber news.

_____
Signature

_____
Date

ANNUAL MEMBERSHIP DUES

For Fiscal Year
July 1, 2009- June 30, 2010

No. of Employees	*Amount*
1-10	**$160.00**
11-50	**$185.00**
51-99	**$285.00**
100+	**$435.00**

Non-Profit Groups

Universities	**$435.00**

Other:

1-25 employees	**$60.00**
26+ employees	**$100.00**

No. of Employees ____

How should we contact you?

___Phone ___Fax ___E-mail ___Direct mail

Ways to Volunteer

I would like to participate on the following:

____ Board of Directors **____ Event Judge**

____ Meeting Speaker **____ Scholarship Committee**

____ Event Volunteer **____ Other**

Make checks payable to the
Madison Chamber of Commerce

Membership dues are tax deductible as an ordinary business expense.

Membership dues are not refundable.