



BUSINESS CONNECTIONS

www.marlboroughbc.com

Membership Application

A Program of Marlborough Regional Chamber of Commerce

Name: _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Business Telephone _____ Fax _____

Cell Telephone _____ Email _____

Website _____

Business has been in operation for _____ years. Number of years with company _____

What is your Business Category? _____

Describe the services or product line that your Company offers: _____

Referred to Business Connections by _____

****Please feel free to attach any company literature to this application that will assist the Membership Committee.**

(please fill in reverse side)

11 Florence Street, Marlborough, MA 01752-2822
Tel: (508) 485-7746 • Fax: (508) 481-1819
www.marlboroughchamber.org





Please list **all** other Business Groups that you're currently a member of:

1. Name: _____ Member since _____
2. Name: _____ Member since _____
3. Name: _____ Member since _____
4. Name: _____ Member since _____
5. Name: _____ Member since _____

Business Records:

*Annual Dues are \$75.00 and the meal charge is \$15.00 per meeting, billed quarterly
Please attach your check to your application.*

Annual Dues _____ Payment: Check VISA MasterCard AMEX

Account Number _____ Exp. Date: _____ V Code: _____

Signature _____ Date: _____

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