



Membership Application Form

Date: _____

Business Name: _____ Div. or Subsidiary of: _____

Primary Contact: _____ Title: _____ Phone: _____

Street Address: _____ City/ State/ Zip: _____

Fax: _____ E-Mail: _____ Website: _____

Billing Contact (If located at different address): _____

General Membership Category: Standard Special Government/ Public

Business Category (service, retail, restaurant, etc): _____

Number of Employees (FTE): _____ Years in Business: _____ Years in Business in Montclair: _____

What is your primary reason for joining the chamber?: _____

Do you wish to join or form a committee? : _____

Are you available to attend Connection Events ? yes / no What is the best time ? mornings / lunch/ evenings

Investment Information

Membership Investment \$ _____ plus one-time Processing Fee (\$25.00) = \$ _____

Payment Method: Cash Check Visa/MC/AA Other _____

If using credit, please complete the following:

Acct. No. _____ Card Exp. Date: _____ / _____

Billing Address and Zip Code _____

Name As It Appears on Card (please print): _____

Authorized Signature: _____ Date: _____

Thank you for making the Montclair Chamber of Commerce an Investment Choice

The Montclair Chamber of Commerce is a not-for-profit advocate organization for the economic growth of area business. Dues paid are not charitable tax donations for Federal Income Tax purposes, however they are tax deductible as an ordinary and necessary business expense.