



**Vermont Lakes Region Chamber of Commerce
Membership Application Form**

Company/Organization Name

Contact Name

Mailing Address: Street

Town

State

Zip

Physical Address: Street

Town

State

Zip

Work Phone

Fax Number

Toll Free Number

E-Mail Address

Website

Brief Description of Your Business

Business Category

This information, as provided, will appear in our Membership Contact List & Website.

Regular Member (Owner or Representative of Company) \$65.00

Associate Member (Any other person. Additional \$10.00) \$ _____

Total Paid \$ _____

Please make checks out to & mail to
Vermont Lakes Region Chamber of Commerce
PO Box 206
Fair Haven, VT 05743
(802) 265-8600

Due by December 15, 2017