



Vermont Chamber of Commerce Membership Activation Form

Organization Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____
Phone: _____ Toll Free: _____ Fax: _____
General Email (For Membership Directory & website): _____
Website: _____

Main Contact Name: _____ Title: _____
Email: _____ Telephone: _____

Additional Contact Name: _____ Title: _____
Email: _____ Telephone: _____

Mailing Address (if different)

Street: _____
City: _____ State: _____ Zip: _____

Billing Address (if different)

Street: _____
City: _____ State: _____ Zip: _____

Additional Information

For enhanced online visibility, be sure to provide a business description for www.vtchamber.com:

The Undersigned hereby agrees to invest \$ _____ in the Vermont Chamber of Commerce.

Signature: _____

Your investment becomes effective the month in which it is received at the Vermont Chamber. Membership is continuous. Please note that 75% of your investment may be deductible as an ordinary and necessary business expense. 25% of your investment is not deductible because of the Chamber's lobbying activity. Dues are not deductible as a charitable contribution.

If you wish to pay by credit card, please fill out the section below:

Company Name: _____

Credit Card #: _____

Mastercard Visa AMEX (check one) Expiration Date: _____ Amount: _____

Signature: _____ Date: _____