

**Application for Membership
Wellesley Chamber of Commerce**

Business Name _____

Physical Address _____ Suite/Unit No. _____

City /State/Zip _____

Phone _____ Fax _____

Web site _____

Employees (FT) _____ (PT) _____

Business Category/Classification (*How people will find you in the directory, i.e. Attorney, Consultant, etc.*)

Very Brief Description of your Service _____

Main Representative _____ Title _____

Email _____ Phone _____

Secondary Representative _____ Title _____

Email _____ Phone _____

Billing Attention _____ Phone _____

Mailing Address _____ Suite/Unit No. _____

City _____ State _____ Zip Code _____ + _____

Email _____ Fax _____

Return this form and a check for your annual investment of \$ _____ plus a one time \$30 administration fee to:

Wellesley Chamber of Commerce. One Hollis Street. Suite 232. Wellesley, MA 02482-4671. Membership in the

Wellesley Chamber of Commerce may be tax deductible as an ordinary and necessary business expense.

Our Federal Tax Identification number is 04-2425557.

MC/VISA _____ Expiration _____

Website: www.wellesleychamber.org . Phone: 781.235.2446 . Fax: 781.235.7326

Signature _____ Date: _____