

Company Name

Company Representative(s)

Mailing Address:

Street

City, State Zip

Street Address (if different):

Street

City, State Zip

Phone

Fax_____

Email_____

Website

Description of Business_____

Number of Employees (30+ hours/week)

Amount of Dues______(see chart to right)

Sponsored by

Applicant Signature

Date

Please mail with payment to: Avon/Canton Chamber of Commerce 304 West Main St. Suite 2 #206 Avon, CT 06001

Date Received
Data of Doord Annual
Date of Board Approval

Annual Membership Investment

# Employees	
(30+ hours/week)	Rate
1 to 3	\$140
4 to 10	\$180
11 to 20	\$260
21 to 50	\$310
51 to 75	\$385
76 to 100	\$500
101 to 125	\$570
126 to 150	\$660
151+	\$745

Participation by our member organizations is vitally important to the success of the Avon/Canton Chamber of Commerce. Please indicate your interest in participating in the committees and forums below (check as many as apply):

Education Committee

□ Marketing Committee

Membership Committee

AWE (Area Women Entrepreneurs)

Health Council

□ MAP (Mentoring Area Professionals)

□ VYBE (Valley Young Business Entrepreneurs)

Other Areas of Interest_____

CONTACT THE CHAMBER

By Mail Avon/Canton Chamber of Commerce 304 West Main St. Suite 2 #206 Avon, CT 06001



<u>By Phone</u> Lisa Bohman, Executive Director (860) 675-4832, ext. 1

By Email avonchamber@sbcglobal.net



Visit our Website www.avonchamber.com Avon/Canton Chamber of Commerce 304 West Main St. Suite 2 #206 Avon, CT 06001



Your Business Connection

AVON/CANTON CHAMBER OF COMMERCE

MEMBERSHIP

APPLICATION