



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 Chamber of Commerce
412 West Avon Road
Avon, CT 06001**

Date Received _____

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 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 (Avon Women Entrepreneurs)
- MVP (Men's Venture Program)
- VYBE (Valley Young Business Entrepreneurs)
- Other Areas of Interest _____

CONTACT THE CHAMBER



By Mail

Avon Chamber of Commerce
412 West Avon Road
Avon, CT 06001



By Phone

Lisa Bohman, Executive Director
(860) 675-0469, ext. 1



By Fax

(860) 675-0469



By Email

avonchamber@sbcglobal.net



Visit our Website

www.avonchamber.com

Avon Chamber of Commerce
412 West Avon Road
Avon, CT 06001



Your Business Connection

MEMBERSHIP

APPLICATION