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Regional Chamber
springfieldregionalchamber.com

Springfield Regional Chamber Membership Application

Business Name: ____

Business Email *(for general public contact)*: ____

Physical Location Address: ____
Street City Zip Code

Mailing Address *(if different)*: ____

Billing Address *(if different)*: ____

Business Website: ______________________ # FTE: ________ # PTE: ________ Year Est. ________

Main Contact Name: ____

Title: ______________________ Phone: ______________ Fax: ______________

Email: ______________________ Signature: ______________________

Billing Contact Name: ____

Phone: ______________ Fax: ______________ Email: ______________________

Human Resource Contact Name: ____

Phone: ______________ Fax: ______________ Email: ______________________

Marketing Contact Name: ____

Phone: ______________ Fax: ______________ Email: ______________________

Type of Business *(Membership includes one category listing. Additional Categories chosen from attached are available for $100 each)*

1st: ______________________ Additional: ______________________ Additional: ______________________

Please enter your business description in the spaces provided below *(approximately 40 characters):*

☐☐

Ownership Description: ☐ African American ☐ Hispanic ☐ Non-Profit ☐ Female ☐ Non-Minority ☐ Other

Springfield Regional Chamber	$355 base, plus $8.50 per full-time employee*
Nonprofits:	Contact Jeff Lomma at (413) 755-1313*
Out of Service Area:	$380 flat fee (service area deemed Hampden County)*

***Plus one-time $25 Processing Fee**

☐ **Enclosed is a check for $ _______ for my annual dues, one-time processing fee and additional categories**

If you wish to charge your membership to a credit card, please call the number below. We accept AE, Discover, MC, Visa

Please return application to:
Jeff Lomma, Springfield Regional Chamber, 1441 Main St., Springfield, MA 01103
Phone (413) 755-1313 Fax: (413) 755-1322
lomma@springfieldregionalchamber.com

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