



58 High Street • P.O. Box 615  
 Somersworth, NH 03878  
 Phone: 603-692-7175  
 Fax: 603-692-4501  
 www.thefallchamber.com

## The Falls Chamber of Commerce Membership Application

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Contact Name \_\_\_\_\_  
*(if other than owner)*

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

Additional Emails (for employees or designated contact persons) \_\_\_\_\_

*(Used for Chamber news, notices and general communications)*  
 Checked box indicates permission to publish this email address in our website member directory

Website \_\_\_\_\_

Business Description *(in 10 words or fewer)*  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ribbon Cutting** - New members are welcomed with an official Ribbon Cutting that is published in the local newspaper and in the Chamber's Newsletter. This is a brief picture taking session with Chamber Board members and City officials usually taking about 15 minutes. Please circle which weekday and time of day is easiest for your company. You will be contacted to schedule.

DAY: Monday Tuesday Wednesday Thursday Friday TIME of DAY: Morning Afternoon

### Dues Structure Based on Number of Employees (check one)

_____ 1-20 employees	\$220	_____ 101-250 employees	\$685	_____ Non-profit 501(c)(3)	\$125
_____ 21-50 employees	\$395	_____ 250+ employees	\$975	_____ Financial Institution	\$550
_____ 51-100 employees	\$550				

#### PAYMENT METHOD

\_\_\_\_\_ Check Enclosed    Credit Card:    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ American Express    \_\_\_ Discover

Cardholder \_\_\_\_\_ Card Billing Address \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration \_\_\_/\_\_\_ Security Code (on back) \_\_\_\_\_

Signature \_\_\_\_\_

Return to: The Falls Chamber, PO Box 615, Somersworth, NH 03878  
 PH: 603-692-7175    FX: 603-692-4501    email:  
 amanda@thefallschamber.com