

**Member Application**



Date: \_\_\_\_\_

Name: of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Principal Owner/Title: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Physical City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Contact Preference:  Email  Fax  Phone

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Number of Employees:  Full-Time  Part-Time

Business Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Annual Membership Dues: \$99 (Jan.-Dec.)**

To keep costs down, dues are billed only once a year, in January. To join the Chamber, please mail your completed membership form with payment to:

Ipswich Chamber of Commerce,  
P.O. Box 94  
Ipswich, MA 01938