

Howell Chamber of Commerce Membership Application

I hereby make application for membership in the Howell Chamber of Commerce and agree to pay one year's dues in advance and a one time application fee of \$25.00.

Business Name:		Date:
Name of Primary Contact:		
Business Address:		
City:	State:	Zip:
Business Phone:	Business Fax	:
Email Address:		
Web Address:		
Type of Business:	Referred by:	
The Howell Chamber of Commerce Member-t ber Membership where Chamber businesses least a 5% discount (i.e. 15% off, free item wit before giving a discount. Participants will be list Description of discount:	provide discounts to fello h purchase, free consulta	w members. The discount should be at atton, etc.) Be sure to verify membership
Briefly describe your business:		
If you wish to get involved, let us know which c	ommittee vou are interest	ed in joining (see website for list):
Would you be interested in hosting an event at PAYMENT INFORMATION: Payment method: Check Enclosed Visa		· Card 🛘 Amex
CARD NUMBER	EXP.DATE MM/YY	PRINT CARD HOLDER NAME
BILLING ADDRESS	CITY, STATE,	ZIP
SIGNATURE		DATE
If paying by check: Make check payable to Howel Mail to: Howell Chamber of Co		well, NJ 07731 with your application.
If paying by credit card: Fax your completed for	n to: 732-363-8747	
Annual Dues (select one category):		
□ 1-10 Employees: \$175.00		
□ 11- 50 Employees: \$240.00		
□ 51 + Employees: \$300.00		
□ Non-Profit - submit proof of	501(C)(3): \$50.00	
and One Time Application F	Fee: \$25.00	