



CHAMBER OF COMMERCE
LITTLETON AREA
New Hampshire

Annual Membership
Application

NAME OF BUSINESS/ORGANIZATION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: () _____ FAX: () _____ TOLL-FREE: () _____

E-MAIL: _____ WEBSITE: _____

CONTACT PERSON(S): _____

BUSINESS CLASSIFICATION: _____
(REFER TO THE MEMBERSHIP INVESTMENT FORMULA)

NUMBER OF EMPLOYEES: _____ NUMBER OF ROOMS/CS: _____ NUMBER OF SEATS: _____

BUSINESS HOURS: _____

YEAR ESTABLISHED: _____ LOCALLY OWNED: _____ YES _____ NO

LOCALLY MANAGED: _____ YES _____ NO

ARE YOU A SUBDIVISION OR A SUBSIDIARY OF ANOTHER FIRM: _____ YES _____ NO

IF YES, PARENT COMPANY: _____

PRESIDENT / OWNER: _____

BRANCH OFFICE(S): _____

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR BUSINESS/ORGANIZATION THAT CAN BE USED
ON OUR WEBSITE FOR ACCURATE RESPONSES TO INQUIRIES ABOUT YOUR BUSINESS:

PLEASE TELL US BENEFITS WHAT YOU HOPE TO RECEIVE FROM YOUR MEMBERSHIP :

I/WE WERE REFERRED TO MEMBERSHIP IN THE CHAMBER BY:

SIGNATURE

DATE