



We Mean Business!

**NORTH ATTLEBOROUGH & PLAINVILLE
CHAMBER OF COMMERCE**

P.O. Box 1071
North Attleboro, MA 02761
Tel: 508.695.6011 • Fax: 508.695.6096

www.napcc.org

Application for Membership

Largest Referral Organization in Your Community

Business Name: _____

Company Representative: _____ **Title:** _____ **Birth Day/Mo.:** _____

Mailing Address: _____

Billing Address (if different from above): _____

Tel: _____ **Fax:** _____ **E-mail:** _____

Type of Business: Indicate up to two categories under which your business may be listed in the Chamber Membership Directory & Newcomer's Guide (*i.e., Attorney, Contractors, Computer Services, Restaurant*)

New Member Highlights – Indicate a brief paragraph describing your business. This description will be included in our monthly chamber publication to introduce your business as a new NAPCC member:

Annual Membership Investment (based on # of full-time employees)

1-5 Employees.....	\$ 225	51-100 Employees.....	\$ 525
6-10 Employees.....	\$ 235	101 & Over.....	\$ 550
11-50 Employees.....	\$ 335	Churches & Non-Profit Organizations...	\$ 100

Number of full-time employees or FTE's: _____ **Mo./Yr. Business Established:** _____

Are you interested in being a chamber volunteer? _____

Programming topics of interest to you: _____

Date Completed: _____ **Signature:** _____

**We accept Cash, Check, Visa, American Express,
MasterCard or Discover**
_____ Exp. Date _____
Please remit check to:
North Attleborough & Plainville Chamber of Commerce
P. O. Box 1071, North Attleborough, MA 02761-1071

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