



GREATER OSS�PEE AREA CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Date: _____

Name of Business: _____ Contact Person: _____

Mailing Address: _____ Town: _____ State: _____ Zip: _____

Physical Address

Street: _____ Town: _____ State: _____ Zip: _____

Tel: Business: _____ Home: _____ Fax: _____

Web URL: http://www. _____ Email: _____

Do you want your business telephone published? Yes No Email address: Yes No
Website? Yes No

Renewal: New: Dues Enclosed: \$ _____

Brief description of business to be included for reference, website and/or directory (30 words or less).

Signed: _____

The Chamber is YOUR organization – we encourage your comments and suggestions:

Please return with your check for \$200.00
(\$50 for non-profit businesses, \$100 for municipalities)

for Fiscal Year October 1 – September 30

Make check payable to: GOACC.

**Mail to:
GOACC
86 Main Street
PO Box 323
Center Ossipee, NH 03814**

Referred by: _____