



NORTH COUNTRY *Chamber of Commerce*

MEMBERSHIP APPLICATION

*Representing the communities of northern Coos County, NH
and northeastern Essex County, VT*

The standard membership period is from January 1-December 31.
Please note that some benefits are time-sensitive.

Business Name: _____
Physical Address: _____
Town: _____ State: _____ Zip Code: _____
Mailing Address: _____
Town: _____ State: _____ Zip Code: _____
Business Phone Number: _____
Business Email: _____
Business Website: _____
Facebook: _____
Twitter: _____
Instagram: _____

Description of the Business: _____

Primary Contact: _____ Phone: _____
Primary Contact Email: _____
Billing Contact: _____ Phone: _____
Billing Contact Email: _____

Preferred Month to display at
North Country Welcome Center:
(Premium and Deluxe Members only)

Preferred Month to Host a
Business After Hours in 2018:
(Basic, Premium and Deluxe Members only)

Interested in joining a committee?

- Moose Festival
- Destination Marketing

Sign me up for the **GoNorth
Card** *(Basic, Premium and Deluxe Members only)*

Membership Levels

Please mark your desired membership level below. For detailed descriptions, please see additional page.

- Business Deluxe - \$500.00
 - Partner Company Name *(if applicable)*: _____
- Business Premium - \$250.00
- Business Basic - \$100.00
- Associate - \$50.00

Total Due: \$ _____

Please see payment instructions on reverse side.

PAYMENT INSTRUCTIONS

Enclosed is a check made payable to NCCOC.

Please charge my credit card the full amount due: Visa MC AMEX Discover

Card # _____ Exp. Date: ____ / ____ Security Code: _____

Name on Card: _____

Signature: _____

Please send this completed form and your payment to:

North Country Chamber of Commerce, P.O. Box 1, Colebrook, NH 03576

Paying by check reduces the processing fees that the Chamber must cover. Thank you.



**North Country Chamber of Commerce
P.O. Box 1
Colebrook, NH 03576**

Phone: 603-237-8939

Email: office@chamberofthenorthcountry.com

Web: www.northcountrychamber.org

FOR OFFICE USE ONLY

Date Received: _____

Check # _____

Invoice/Sales Receipt: _____

Payment Processed: CM _____ QB _____

Comments: