

(Form A)



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www.stjohnvalleychamber.org

St. John Valley Chamber of Commerce Associate Membership Dues & Application

**Associate Member (non voting)
Students/Retirees/Individuals
(no business listing) Listed as
“Friend of the Chamber”**

\$25.00

◆ General

Information

Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Street Address: _____

City _____ State _____ Zip _____

Phone: _____ E-mail: _____

Method of Payment: My annual membership investment is \$25.00

- Check Enclosed Money Order Enclosed Cash Enclosed
- Credit Card Acct # _____ Exp _____ SEC Code _____ (Visa/ MasterCard/ Discover)

Please make check to: St. John Valley Chamber of Commerce

We agree... to pay an annual membership investment as our share of supporting the St. John Valley Chamber of Commerce’s mission, programs and services. We understand that membership is an investment in our business and community and not a donation or contribution, and are tax deductible as a business expense to the extent of the law. We also understand membership automatically renews each year unless notice of resignation is received by the St. John Valley Chamber of Commerce.

Signature _____ **Date** _____

OFFICE USE ONLY

Join date _____	Annual Dues <u>\$25.00</u>
Payment _____	Wel. Letter _____
Cycle _____	Business Type _____
Category <u>Friend of the Chamber</u>	