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Regional Chamber
springfieldregionalchamber.com

Springfield Regional Chamber Membership Application

Business Name: _____

Business Email *(for general public contact)*: _____

Physical Location Address: _____
Street City Zip Code

Mailing Address *(if different)*: _____

Billing Address *(if different)*: _____

Business Website: _____ # FTE: _____ # PTE: _____ Year Est. _____

Main Contact Name: _____

Title: _____ Phone: _____ Fax: _____

Email: _____ Signature: _____

Billing Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Human Resource Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Marketing Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Type of Business *(Membership includes one category listing. Additional Categories chosen from attached are available for $100 each)*

1st: _____ Additional: _____ Additional: _____

Please enter your business description in the spaces provided below *(approximately 40 characters):*

Ownership Description: ☐ African American ☐ Hispanic ☐ Non-Profit ☐ Female ☐ Non-Minority ☐ Other

Springfield Regional Chamber	$355 base, plus $8.50 per full-time employee*
Nonprofits:	Contact Nancy Creed at (413) 755-1309*
Out of Service Area:	$380 flat fee (service area deemed Hampden County)*

***Plus one-time $25 Processing Fee**

☐ **Enclosed is a check for $ _____ for my annual dues, one-time processing fee and additional categories**

If you wish to charge your membership to a credit card, please call the number below. We accept AE, Discover, MC, Visa

Please return application to:
Springfield Regional Chamber, 1441 Main St., Springfield, MA 01103 Phone
(413) 413-755-1308 Fax: (413) 755-1322
creed@springfieldregionalchamber.com

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