

**Springfield Regional Chamber Membership Application** 

Business Name:						
		):				
Physical Location Addres	SS:		City		Zip Code	
Mailing Address (if differen	ent):					
Billing Address (if differen	nt):					
Business Website:		# F	TE:	# PTE:	Year Est	
Main Contact Name:						
Title:		Phone		Fax	:	
Email:		Signatui	e:			
Billing Contact Name:						
Phone:	Fax:	Email:				
Human Resource Contac	ct Name:					
Phone:	Fax:	Email:				
Marketing Contact Name	<b>;</b> :					
Phone:	Fax:	Email:				
ype of Business (Memb	ership includes o	ne category listing. Additiona	l Categories c	hosen from atta	ached are available for \$100 e	
<sup>st</sup> : Add		dditional:	itional: Additi		ional:	
Please enter your busin	ness descripti	on in the spaces provid	ed below (a	approximately 4	10 characters):	
Ownership Description	:African An	nericanHispanicNo	n-ProfitF	emaleN	on-MinorityOther	
Springfield Regional Chamber Nonprofits: Out of Service Area:		Contact Diana Szynal at (4	\$355 base, plus \$8.50 per full-time employee* Contact Diana Szynal at (413) 755-1309* \$380 flat fee (service area deemed Hampden County)*			
*Plus one-time \$25 Proce	essing Fee					
☐ Enclosed is a check fo	r\$ fo	r my annual dues, one-tir	ne processin	g fee and add	itional categories	
		•	•		accept AE, Discover, MC, \	