

**UNION AREA CHAMBER OF COMMERCE
APPLICATION FOR MEMBERSHIP**

Business Name _____

Contact Person _____ Title _____

Physical Address _____ Tel. _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

CellPhone _____ Fax _____

Email _____ Website _____

Business Description (Please describe your business in 50 words or less, not including the above information)

Total fee enclosed \$ _____

Please enclose a business card, brochure, other business literature or materials to be included in our information file

ANNUAL DUES
by number of employees (full time equivalents)

| | |
|-------|----------|
| 1-2 | \$40.00 |
| 3-9 | \$70.00 |
| 10-20 | \$120.00 |
| 21+ | \$175.00 |

Supporting Member \$30.00
(NOTE: Supporting Membership for individuals only
and not eligible for general promotions and other benefits)

Please make checks payable to: Union Area Chamber of Commerce

Send your completed application and check to:
Union Area Chamber of Commerce
PO Box 603 • Union, ME 04862
email: UACOC@tidewater.net