

Randolph Area Chamber of Commerce Application for Membership

Company: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail Address: _____

Contact Person: _____

Type of Business: _____

No. of Employees: _____ Dues: \$ _____

Dues Structure:

<u>No. of Employees</u>	<u>Dues</u>
1 - 10	\$ 100.00
11 - 30	\$ 150.00
31 & over	\$ 200.00

Make check payable to Randolph Area Chamber of Commerce.

Mail Application and Check to:

**Randolph Area Chamber of Commerce
P.O. Box 391
Mt. Freedom, NJ 07970-0391**

For further information, call us at:

973-361-3462

Visit us on the Web at:

www.randolphchamber.org

