



Membership Application
 Ocean Community Chamber of Commerce
 One Chamber Way, Westerly, RI 02891

Phone: 401-596-7761
 Fax: 401-596-2190
 Email: Info@oceanchamber.org
 Website: www.oceanchamber.org

PLEASE PRINT CLEARLY

Company Name: _____

Business Address: _____

City _____ ST _____ Zip _____

Phone: _____ Fax: _____

Cell Phone: _____ Other: _____

Published: E-Mail _____ Web Address _____

Mailing Address(if different): _____

City _____ ST _____ Zip _____

Primary Representative (this person will be identified in our annual membership directory and receive all Chamber correspondence).

Name _____ Title _____

Email: _____

Billing Representative (If different) Name: _____

Address _____

Invoices: _____ Mail _____ Email _____ Email Address: _____

Company membership permits any employee to attend all Chamber events and/or serve on committees.

Additional Representative(s) to receive email notifications only.

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Type of Business: _____

Business Category: _____

(Each company receives one free category listing- review in our current Membership Directory) Additional Business Classification (available for \$25 each) _____

Applicant's Signature _____ Date: _____

of Employees _____ Type _____ # of Seats/Rooms _____ (Restaurants & Accommodations only)

Annual Dues \$ _____ Processing Fee \$25 (One Time Charge) Dues billed Annually (other payment plans can be arranged)

Additional Newsletter Mailing(s) \$20 ea. _____ Name: _____

Address: _____

Check payable to the Ocean Community Chamber of Commerce (OCCC)

Please charge: Visa/MasterCard/Discover/Am Express: _____ Exp. Date _____

Card No. _____ Security Code: _____

NOTE: Memberships are not transferable.