

**The Clinton Chamber of Commerce, Inc. Membership Application**  
**P.O. Box 334**  
**Clinton, CT 06413**

Firm Name \_\_\_\_\_ Date Joined \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

Owner/Principal \_\_\_\_\_ E-mail \_\_\_\_\_

Web Address \_\_\_\_\_

Classification  Commercial, Industrial, Professional  
 Banks  
 Utilities  
 Assoc./Civic  
 Non-Profit (Tax Ex. No. \_\_\_\_\_)

No./ FT Employees \_\_\_\_\_  
Dues \_\_\_\_\_

Renewal  New  Reinstatement

Description of principal products/services \_\_\_\_\_

Signature \_\_\_\_\_

Chamber's fiscal year begins July 1.

Please return this application along with a check made payable to the Clinton Chamber of Commerce. Also include a business card. Your company will receive three months free advertising in the chamber's monthly newsletter.

(membershipcard)