

**STONEHAM CHAMBER OF COMMERCE**  
**PARTNERSHIP APPLICATION**  
**MAY ALSO BE COMPLETED ONLINE AT WWW.STONEHAMCHAMBER.ORG**

**BUSINESS NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street City, Town State Zip

**PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**CONTACT E-MAIL \*** \_\_\_\_\_ **PUBLISHED EMAIL\*** \_\_\_\_\_

\* Contact E-Mail information will not be provided to the membership, but will be retained for Stoneham Chamber of Commerce use only. Published E-Mail information will be provided to the membership via the Membership Directory and may be used by Members to contact you with business or personal information. Please DO NOT PROVIDE a Published Email if you do not want it published in the Member Directory. Your signature below signifies your understanding of this policy.

**WEB PAGE ADDRESS** \_\_\_\_\_

**BUSINESS CLASSIFICATION (Please see categories on back of this application )**

Category \_\_\_\_\_ Specific classification (i.e. hair salon, tax preparer, graphic artist) \_\_\_\_\_

**NUMBER OF FULL TIME EMPLOYEES (2 part time = 1 full time)** \_\_\_\_\_

**REASON FOR JOINING:** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

*The following information is for office files only:*

**HOME ADDRESS:** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **SPOUSE'S NAME** \_\_\_\_\_

**INVESTMENT SCHEDULE**

Owner/Operator	\$150
1 – 4 Employees	\$220
5 - 8 Employees	\$330
9 – 12 Employees	\$455
12 or more Employees	\$530
Personal Member (Non-business)	\$80
Community Organizations	\$105

Partnership investments are deductible as an ordinary and necessary business expense, but not as a charitable donation. Partnerships are renewed annually upon payment of a investment invoice, which will be issued on anniversary of partnership. My signature below authorizes the Chamber to use my information to communicate and refer my business.

Enclosed is my check for \$ \_\_\_\_\_; or

I authorize you to charge \$ \_\_\_\_\_ to my  or  (circle one)

Card Holder's Name/ Billing Address (if different from above) as it appears on card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Account # \_\_\_\_\_ Security Code \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_



## CATEGORY LIST

Please choose one category for your main listing

Accountants	Hair/Nail Salons
Advertising	Hardware Stores
Ambulance Services	Health and Beauty
Appliances	Health and Wellness
Architects	Home Decorating
Arts Education	Home Health Care
Arts, Entertainment	Hospitals
Attorneys/Legal Services	House/Home Services
Automobile Sales Leasing Service Towing	Individual
Awards	Insurance
Bakeries	Janitorial Services
Banks	Jewelry
Book Stores	Landscaping Services
Business Services	Legal Services
Business Services-Consultants	Liquor Stores
Business Services-Equipment	Livery
Business Services-Packing	Lodging
Business Services-Shipping	Manufacturers, Distributors
Business Services-Training	Non-Profit
Children's Entertainment	Other
Commercial Photography	Pet Services
Commercial Printing	Physicians
Commercial Printing/Screen Printing	Pool Services
Communications	Property Management
Computers	Public Relations
Construction-Contractors	Real Estate Agencies
Contractors-Electrical	Restaurants
Contractors-Fencing	Security Services
Contractors-Flooring	Sign Makers
Contractors-Painting	Sporting Goods
Contractors-Plastering	Tax Preparation
Contractors-Plumbing/Heating	Thrift/Consignment Stores
Contractors-Remodeling	Travel
Contractors-Roofing	Utilities
Credit Unions	Vending
Dance Schools	Website Design/Development
Day Care	
Dentists	
Dry Cleaners	
Educational Services	
Elder Care-Assisted Living	
Fast Food	
Financial Services	
Fitness	
Food and Beverage	
Food Stores	
Fuel Oil	
Funeral Services	
Furniture	