



APPLICATION FOR HOSPITALITY MEMBERSHIP 2023 Date _____

Contact Person _____ Company/ title _____

Contact Email _____ Yes! I approve using this email address for Chamber E-NEWS

Preferred method of contact Email Phone Mail

Business Name _____

Mailing Address _____ City _____ Zip _____

Physical Address _____ City _____ Zip _____

Phone # _____ Toll Free _____

Fax _____ Email Address _____

Web Site URL for link _____

ANNUAL DUES CALCULATED FOR HOSPITALITY MEMBERSHIP

- | | |
|---|-----------------|
| <input type="checkbox"/> My annual investment to the Woodstock Area Chamber - Lodging | \$426.00 |
| <input type="checkbox"/> Total number of Rooms (beyond the first 5) _____ X \$5 | \$ _____ |
| <input type="checkbox"/> My annual investment to the Woodstock Area Chamber - Restaurants | \$426.00 |
| <input type="checkbox"/> Total number of Restaurant Seats _____ X \$1 | \$ _____ |
| <input type="checkbox"/> My annual investment to the Woodstock Area Chamber - Vacation Rental | \$ 218.00 |
| <input type="checkbox"/> My annual investment to the Woodstock Area Chamber-Small Resort | \$ 608.00 |
| <input type="checkbox"/> My annual investment to the Woodstock Area Chamber- Large Resort | \$ 1154.00 |
| <input type="checkbox"/> Enhanced Webpage Listing* <i>See Web Application for details</i> | \$50.00 |
| Total Due | \$ _____ |
- Same owner/Multiple businesses \$100 discount on each *additional business*

Respecting our members varied cash flows in a tourist economy, the month in which your Application and Dues are received by our office establishes your Membership Month. We will continue to send you an invoice to renew your membership in that calendar month. Payment is requested on or before the fifteenth of the month you are billed. Please check your application carefully.

Enhanced Webpage Listing. This provides members a direct link to your website, the ability to add up to 500 words of copy and 5 more photographs. It also gives the member to list all events on the events page.

Having read the above, I wish to apply for membership in the Woodstock Area Chamber of Commerce as governed by the Board of Directors. The individual named below shall be designated as our representative for mail discounts if applicable.

Signed _____ Date _____

VISA Master Card Credit Card Number _____ Exp. Date _____

Please complete the information requested and return with credit card information or a check made payable to:

Woodstock Area Chamber of Commerce, PO Box 486, Woodstock, VT 05091

Look for us on the Web at www.woodstockvt.com 802-457-3555

