



VACCE Number:
User Name:
Password:

**APPLICATION FOR PROFESSIONAL MEMBERSHIP 2012** Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Company title \_\_\_\_\_

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

Preferred method of contact     Email     Phone     Fax     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 PROFESSIONAL MEMBERSHIP**

- Professional Dues (Medical, Dental, Engineers, Attorneys, Accountants)    \$ 280.00  
*Two part time employees equal s one full time employee, for the following:*
- Total number of Professional Associates \_\_\_\_\_ X \$5.00 =    \$ \_\_\_\_\_
- Real Estate & Insurance Dues    \$ 305.00
- Total number of Agents \_\_\_\_\_ X \$5.00 =    \$ \_\_\_\_\_
- Bank or Credit Union    \$ 525.00
- Enhanced Webpage Listing\* *See Web Application for details*    \$ 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 Web Page Listing: Please email the images in a **JPG format** in the dimensions below, to: [info@woodstockvt.com](mailto:info@woodstockvt.com) with your business name in the subject line.

1. height 188 pixels by width 250 pixels **AND**
2. height 90 pixels by width 120 pixels

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 mailing and 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](http://www.woodstockvt.com)**