



APPLICATION FOR RETAIL MEMBERSHIP 2026 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 RETAIL MEMBERSHIP

My annual investment to the Woodstock Area Chamber \$ 468.00

Total number of Employees (beyond the first 5) \_\_\_\_\_ X \$5 \$ \_\_\_\_\_

**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.

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](http://www.woodstockvt.com)

802-457-3555

