



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

802-457-3555

