

Membership Application

CONVENTION & VISITORS BUREAU Please complete and return this form via e-mail to membership@CapeCodChamber.org or mail: (5 Patti Page Way, Centerville, MA 02632) as soon as possible. We thank you for being a member and very much look forward to partnering with you!

Main Contact: Mailing Address:			
Billing Address:			
Phone 1:		Cell Phone:	
Toll-Free:			
Billing Email Addre	ess:		
Email Addresses for	Enews:		
Website:			
Industry Category (s	3):		
*Please e-n membership@cape provide for	Corporation Partnership mail a description of your busine code hamber.org with up to 9 at the web-site are subject to the Code hamber.org	# Part Time Employ Sole Proprietorship iness for your web listing on ou accompanying photos. Any photo Chamber's Terms of Use, posted on	_Non-profit r websites to tos or content that you
Rate Paid \$	Star:	BS/SDA/Accom/T	Transpo/Wedding
viability, environmental sensitivity, c private sector partners in executing o Island license plate revenues, and fro for Federal Income Tax purposes and business expense to the extent that th	cultural richness and social needs of Cape Coo cur mission, which is our sole objective. Our a com our annual membership dues. Membership d are not considered to be charitable contribut	at on behalf of its members works to strengther d. As a regional resource we work collaborative activities are funded from a combination of sour p investments are deductible by members as ordinas. A portion of the dues, however, is not decin state or federal lobbying. The non-deductible e is received to terminate.	ely with many governmental and rees including: State grants, Cape & dinary and necessary business expens ductible as an ordinary and necessary
Signature:	Da	ate:	