



COHASE

Chamber of Commerce
PO Box 35
Wells River, VT 05081-0035
802 518-0030 ⇒ www.cohase.org ⇒
cohasechamber@gmail.com

MEMBERSHIP APPLICATION

Today's Date _____

Your Name _____ Title _____

Business/Organization Name _____

If your business name may not clearly reflect the nature of your products and services, consider adding a few extra words to clarify. You may use up to 70 characters, including spaces, for your combined business name and description.

Business Location Address

Street _____

City _____ State ____ Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

Mailing Address (if different from Business address)

Street _____

City _____ State ____ Zip _____

MEMBERSHIP CATEGORY (Please Check)

Non- Profit/ gov't (\$55) _____

Individual, Student/Retiree (\$30) _____

Business / 0-1 employee (\$75) _____

Business / 2-5 employees (\$110) _____

Business / 6-15 employees (\$165) _____

Business / 16-30 employees (\$250) _____

Business / Over 30 employees (\$350) _____

New Business (FREE) – (See below) _____

Note: If you have opened a new business in the last year, or are the new owner of an existing (non-Chamber) business, FREE MEMBERSHIP is yours for the first year!

Return application to:

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Online Website Directory:

Caption: (10 words or so that describe the business)

Business Description: (as long as you want)

Web Categories: (Please check one or more as appropriate for your business or indicate new category)

Accommodations / Lodging

Agriculture

Automotive

Banks / Banking / Financial

Churches / Religious Institutions

Community Organizations

Construction / Contractors

Education / Schools

Entertainment / Recreation

Government

Health & Fitness

Insurance

Media

Medical / Health Care

Real Estate

Restaurants

Retail

Services

Transportation

Utilities / Heating Oil / Propane

Other (Please specify desired category) _____