

GREATER CAPE ANN CHAMBER OF COMMERCE
2025 Membership Application



Organization Name: _____

Full Time Employees: _____ # Part Time Employees: _____ # Rooms (accommodations): _____ # Seats (restaurants): _____

Primary Business Category (for print & online directories^a): _____

Additional **Online Only** Directory Categories: 1) _____ 2) _____

PHYSICAL LOCATION / CONTACT (used for publication)	MAILING ADDRESS (private billing/ mailing address)
Street:	Street:
City, Town, Zip:	City, Town, Zip:
Public Phone:	Private Phone:
Public Email:	Correspondence Email:

Please Note: Email is the Primary Method for Chamber Communications

Contact Person: _____ **Title:** _____

Website: _____

ADDITIONAL FREE PROGRAMS

Yes! I would like to participate in the following free programs/advertising:

Greater Cape Ann Gift Check

2025 MEMBERSHIP DRIVE INVESTMENT: *Please see www.capeannchamber.com for a full list of member benefits.*

<input type="checkbox"/>	Standard Full-Time Business	\$395 – Established business with 1 – 5 employees.
<input type="checkbox"/>	Standard Full-Time Business	\$435 - Established business with 6 -10 employees. <i>Please inquire about pricing for larger businesses.</i>
<input type="checkbox"/>	Second Business	\$195 – Second business under identical Chamber Member ownership as Primary Standard Business
<input type="checkbox"/>	Business Affiliate	\$195 – Individual professionals (realtor, doctor, lawyer, etc.) affiliated with a member that is already an active, Standard Full-Time Business Member
<input type="checkbox"/>	Accommodation	\$395 – Accommodation with up to 20 units (add \$10 per additional unit)
<input type="checkbox"/>	Dining Establishment	\$395 – Accommodation with up to 40 seats (add \$1.50 per additional seat)
<input type="checkbox"/>	Non-Profit Organization	\$250 – For non-profit organizations with paid staff and annual revenue less than \$500K. <i>Please inquire about organizations with annual revenue exceeding \$500K</i>
<input type="checkbox"/>	Part-Time Business	\$195 – For a start-up business still being developed. At renewal date, review of business will take place to determine if entrepreneurial rate still applies.
<input type="checkbox"/>	Individual	\$100 – For a community member, not a business, wanting to receive email correspondence, attend events, and support our mission.

PAYMENT DETAILS

Check Enclosed *(Please make check payable to Greater Cape Ann Chamber of Commerce)*

Credit Card #: _____ Expiration: _____ CVC: _____

Name on Card: _____ Billing Zip Code: _____

Semi-annual, quarterly and monthly payment plans available to members paying automatically by credit card.

Please contact the Finance Manager at 978-283-1601 for details and to make payment arrangements.

Please Note: Membership renews automatically at the regular membership rate on the annual anniversary of this contract. Resignations must be submitted in writing to: Greater Cape Ann Chamber of Commerce, 24 Harbor Loop, Gloucester, MA 01930, 30 days prior to resignation.

Company Representative: _____ Date: _____

Referred By: _____ Business: _____

^a One (1) free Business Category listing is included in the Greater Cape Ann Guide & Directory. Additional categories are \$100 each. Up to two (2) additional free Business Category listings may be selected for the Online Member Directory.