



GREATER HATBORO CHAMBER OF COMMERCE MEMBERSHIP APPLICATION



PO Box 244 • Hatboro, PA 19040
Phone: 215-956-9540 • Fax: 215-956-9635
www.hatboro-pa.com • office@hatborochamber.org

Please print for your records

Date: _____

New Member____ Renewal_____

Name of Business: _____

Contact Name and Title: _____

Contact email address: _____

Business Address or PO Box Number: _____

Town, State and Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Website Address: _____

Type of Business: _____

Number of Employees: Owners, Associates, Employees _____

Are you interested in the Chamber's Health Insurance Plan? Yes_____ No _____

For payment by credit card, please provide:

Credit Card Number: _____ Type: _____ Exp. Date _____

Name on Card: _____

We accept Visa, MasterCard, Discover and American Express.

Member Signature: _____ Date _____

Annual Membership Fee: \$115
plus \$25 processing fee for new members.

Monthly Option: \$10/month automatic deduction
Fee is automatically deducted from your credit card on the same day each month.
We accept Visa, MasterCard, Discover and American Express.
The set-up fee is waived with this option.

Make Checks Payable to:
Greater Hatboro Chamber of Commerce
PO Box 244 • Hatboro, PA 19040

*The information submitted in this application is for Chamber's records only.
This information will not be provided to anyone without permission of the member.*

As a business member of the Greater Hatboro Chamber of Commerce, all owners, associates and employees are entitled to the benefits of a Chamber membership. Please list the names and email addresses for those employees who would also be interested in receiving emails about Chamber events and benefits.

PLEASE PRINT

Name: _____ Email: _____

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Name: _____ Email: _____

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Name: _____ Email: _____

As a Chamber member, are there any particular advantages that you would like to see the Chamber offer?
