

# Narragansett Chamber of Commerce Membership Application

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Business Phone \_\_\_\_\_

Website \_\_\_\_\_

Email address \_\_\_\_\_

Business Category \_\_\_\_\_

Brief (20 word) description of services offered

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Please Send Payment along with this form to: Narragansett Chamber of Commerce

PO Box 742                      Narragansett RI 02882

Or join and complete your payment online at [narragansettcoc.com](http://narragansettcoc.com)