



**NARRAGANSETT**  
CHAMBER OF COMMERCE

**Membership Application**

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

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

City \_\_\_\_\_

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

Mailing Address if Different from above \_\_\_\_\_

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

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

Website \_\_\_\_\_

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

Facebook/Social Media Account \_\_\_\_\_

Business Category (s) \_\_\_\_\_

Brief description of services offered – limited to 50 characters including spaces

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Non-Profit \$125.00 (please provide registration number) \_\_\_\_\_

For profit \$225.00

Associate Member/ Friend \$ 50.00

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 [www.narragansettcoc.com](http://www.narragansettcoc.com)