



# Cohasset Chamber of Commerce

## Membership Application

Name of Business : \_\_\_\_\_

Name (s) of Principal Contact : \_\_\_\_\_  
\_\_\_\_\_

Type of Business : \_\_\_\_\_

Address : \_\_\_\_\_

Mail Address (if different) : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

Email : \_\_\_\_\_

Web Site : \_\_\_\_\_

Would you like us to list your business on the Chamber's web site?

Yes  No

What category would you like your business listed in? \_\_\_\_\_

Annual Dues : \$100 per year

Please make your checks payable and send to:

Cohasset Chamber of Commerce  
PO Box 336  
Cohasset, MA 02025  
781 383-1010