



Ogunquit Chamber of Commerce
PO Box 2289
Ogunquit, ME 03907
207-646-1279; Fax: 207-641-0856
www.ogunquit.org
info@ogunquit.org

2012
Membership Application

General Business Information:

Business Name: _____

Phone: _____ Cell: _____

Toll-free: _____ Fax: _____

Email: _____

Web Site: www. _____

Physical Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Employees: _____ # Professionals: _____

Rooms/Units: _____ # Seats: _____

The following will help us understand the nature of your company, please complete.

1: Type of business:

2: Hours of operation:

3: Open in the winter (December through March): [] YES [] NO

Employees: _____ # Professionals: _____

Rooms/Units: _____ # Seats: _____

4: Please attach a 20 word description of your business which will be used to inform our staff and members about your business.

Contact Information

Key Individual (Receives all publications, announcements, invitations, news, & emails):

Name: _____

Title: _____

Address: _____

Individual Email: _____

Direct Phone: _____ Fax: _____

Billing Contact (Receives all invoices):

Same as above.

Name: _____

Address: _____

Individual Email: _____

Direct Phone: _____ Fax: _____

Winter Contact Info: _____

We invite additional individuals in your company to receive chamber email communication. Please provide names, phones, emails, and addresses on a separate sheet.

FOR OFFICE USE ONLY

Billing Frequency: _____

Renewal Month (if not November): _____

Annual Dues Amount: _____

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