● ● ● Membership Application ● ● ●

Please complete the form below. Simply Download the PDF and Save as your Company Name. Email to **centralRIchamber@gmail.com**

Your investment may be paid by… ◯ **Credit Card** ◯ Invoice Me ◯ Check Being Mailed

Business Name _____

Type of Business _____ Employees: Full Time _____ Part Time _____

Contact Person _____

Address _____ City / State _____ Zip _____

Telephone _____ Cell _____ ☐ Please keep cell Private

Fax _____ Email _____

Website _____ LinkedIn _____

Facebook _____ Instagram _____

Twitter _____ YouTube _____

Additional Representatives That May Attend Events _____

Who should we thank for introducing you to the Chamber? _____

Chamber Representative That Assisted You _____

To make Central Rhode Island an even better place in which to live and work, I / we subscribe annually to the Central Rhode Island Chamber of Commerce; I / we agree to renew this membership each year until written resignation has been presented to the Board of Directors.

Signature _____

I am looking for opportunities that are …

☐ Business-to-Business ☐ Business-to-Consumer

I'd like to take advantage of the following member benefits immediately: (please check all that apply)

☐ Business After Hours Evening Networking

☐ LEADS Luncheon – Speed Dating for your Business

☐ Morning Coffee

Sponsor|Host: ☐ LEADS Luncheon ☐ Business After Hours ☐ Morning Coffee

☐ Breakfast/Lunch Programs & Workshops

☐ Donate a Door Prize (Company Visibility)

☐ Discount subscription to Warwick Beacon and/or Cranston Herald

☐ Offer a "REWARDS" Discount or Special Promotion

☐ YP Central – Events Planned by Young Professionals for Young Professionals

☐ Small / Homebased / Home Office Business Assistance

☐ Legislative Action / Increased Representation at the State House

☐ Volunteer Service

I would like to take advantage of the following cost savings programs …

☐ Discounted Room Rental: Private Office | Conference Room | Training Room

☐ Discounted Online Advertising