



# Hanover Area Chamber of Commerce

Membership/Renewal Application

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Company/Firm Name: \_\_\_\_\_

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

Number of Employees: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

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

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

Who referred you to the Chamber? \_\_\_\_\_

Would you be willing to offer a discount of 10% or more to other members of the HACCC who purchase your goods or services?

Yes  No

Is it OK to distribute your email and/or mailing address to other Chamber members?  
Please check if it's OK.

Email  Address

The HACCC is always looking for new people and new ideas.  
Are you interested in helping out on any committees or projects?  
*Indicate all that apply:*

Gov't Affairs  Finance

Membership  Program

Other \_\_\_\_\_

Print and Mail to:

**Hanover Area Chamber of Commerce  
P.O. Box 168  
Florham Park, New Jersey 07932-0168**

Make Checks Payable to: Hanover Area Chamber of Commerce.