

Hanover Area Chamber of Commerce

Membership Form

Date: _____

Your Name: _____

Title/Position: _____

Company/Firm Name: _____

Type of Business: _____

Number of Employees: _____

Street: _____

City: _____ State: _____ Zipcode: _____

Web Site: _____

Email: _____

Phone: _____ Fax: _____

Check all that apply:

Before 9am 9am-Noon Noon-5pm After 5pm

Which are the Best Days of the Week. Check all that Apply:

Monday Tuesday Wednesday Thursday Friday

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

Yes No

The HACC 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.