



The Greater Newburyport Chamber of Commerce & Industry

38R Merrimac Street, Newburyport MA 01950

tel: 978-462-6680 fax: 978-465-4145

~ **APPLICATION FOR STUDENT CHAMBER MEMBERSHIP** ~ Date _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Email: _____

College or University: _____ Year of Graduation: _____

Major Area of Study: _____

Enrollment Classification (Undergraduate, Graduate, Law Student, Phd) _____

*** List any organizations/ activities you are involved with. Include any internships, paid or unpaid.**
(Will be printed in Membership Directory and on the website.)

Membership Fee: \$25

Payment Method: Check Enclosed MasterCard Visa Amex

Card Number: _____ **V Code:** (3 digits on back of card) _____

Expiration Date: ____/____/____ **Cardholder Signature:** _____

How did you hear about the Chamber special student membership?

Teacher Friend Parent Chamber Member Newspaper Radio Website
 Other _____

Why are you joining the Chamber and what do you hope to gain by joining?

Would you be interested in **volunteering** with the Chamber? Networking Mixers Memorial Day Festival Columbus Day Festival Golf Tournament & other events July Riverfront Festival

I agree to receive emails from the Chamber. Signature: _____

For more information, contact Chris Johnston at cjohnston@newburyportchamber.org or 978-462-6680 x14