



Membership Application Form

P.O.Box #780 Killingworth, CT 06419

-Please print clearly-

Date of Application _____, 2007

Business Name _____

Type of Business _____
Year Founded _____ Number of Employees _____

Business Address _____
Street _____ (PO Box) _____
Town _____ State zip _____

Business Phone (____) _____ - _____

Email Address _____

Member's Name _____ Title _____

Home Address (If different from business) _____
Street _____ (PO Box) _____
Town _____ State zip _____

Another phone we might reach you (____) _____ - _____

Business References _____ Phone _____
_____ Phone _____

Signature: _____

Membership: Annual Dues are **\$75.00** billed in April and due by June 10th, the firm deadline for inclusion in the Directory printed in January of each year. Make checks payable to KCC.

Directory: Members must complete an online Directory Update Form by Nov. 1st to be included in the annual Directory. It is the member's responsibility to complete this form . The form is available at www.killingworthct.com

Advertising rates for the *Killingworth Krier* are available at the KCC website www.killingworthct.com
The deadline for advertising is the **5th** of the preceding month (ie. Jan. 5th for Feb. publication). **Ads can be sent via email (the preferred method) to: k-krier@comcast.net or via regular mail to: Editor P.O. Box 644 Killingworth, CT 06419 or call 860-663-1715.** We can also create an ad for you.

Get Involved: Please indicate areas of interest where you would like to be on a Chamber committee or host an event: (please check all that apply):

___ Christmas in the Village ___ Town Picnic ___ Chamber Socials ___ Welcome Baskets
___ Scholarship ___ Events ___ Other _____