



APPLICATION FORM

Company: _____

Contact: _____

Address: _____

City: _____ CT Zip: _____

Phone: _____ Email: _____

Website: _____

I the undersigned subscribe \$_____ annually to the Tolland County Chamber of Commerce, payable in advance.

Signature: _____

Search Engine Tag Word: _____

FORMULA Category with one principal \$ _____

_____ Additional Employees @ \$_____ \$ _____

One time processing fee @ \$25.00 \$ **25.00**

TOTAL ANNUAL DUES: \$ _____

Please make check payable to *The Tolland County Chamber of Commerce* and return to:

**Tolland County Chamber of Commerce
30 Hyde Avenue, Lafayette Square
Vernon, CT 06066**

Phone 860-872-0587

Website: www.tollandcountychamber.org email: tcce@tollandcountychamber.org

Compliments of the Ellington Town Planner's Office