

Application for Membership in the Malden Chamber of Commerce Funded for one year by the American Rescue Plan Act (ARPA)

Date: ____/____/____

Business Name: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Number of Employees: Full Time ____ Part Time ____

Company E-mail: _____

Website: _____

Primary Contact Name: _____ Job Title: _____

Primary Contact E-mail (if different from Company email):

Social Media: Facebook: _____ Twitter: _____ IG: _____

Please check applicable boxes:

- Women owned business
- Underrepresented owned business
- Other: Please describe:

What Industry(ies) best describes your business (please list at least one):

Category 1: _____

Category 2: _____

Category 3: _____

How did you learn about the Malden Chamber of Commerce?

Would you be willing to volunteer on a committee or at an event? Yes No

