



MEMBERSHIP APPLICATION

THE ESSEX BOARD OF TRADE, INC.

WWW.ESSEXCT.COM

Contact Person(s): _____

Company Name: _____

Company Address: _____

Mailing Address (If Different): _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

Please provide us with your website page text (please email to essexinfo@essexct.com). We will enter it, then you can edit it anytime once we have given you your login and password information. You can also add graphics such as logos and photos.

Please Indicate 3 categories for your business website listing. Number 1 being your primary category.

1 _____ 2 _____ 3 _____

Co-sponsorship Interests (✓ check as many as are appropriate):

- | | |
|---|---|
| <input type="checkbox"/> Friday Night Summer Concert in the Park Series | <input type="checkbox"/> Spring Event |
| <input type="checkbox"/> Sidewalk Sale | <input type="checkbox"/> Scarecrow FestiFall |
| <input type="checkbox"/> Dogs on the Dock | <input type="checkbox"/> Trees in the Rigging |
| <input type="checkbox"/> Holiday Stroll | |

Type of Membership: *Basic (For profit Businesses) \$275 or Associate (Non-profit) Free*

- Basic Associate Membership

*Please enclose a check made payable to the
Essex Board of Trade and mail to P.O Box 322, Essex, CT 06426, 860-767-3904