



## KCC Membership Application Form

Killingworth Chamber of Commerce  
P.O. Box 780  
Killingworth CT 06419

-Please print clearly-

Date of Application _____	Business Description: (10 words or less) _____
Business Name _____	_____
Type of Business _____	_____
Year Founded _____ Number of Employees _____	Member's Name _____
Business Address (Street, PO Box) _____	Title _____
_____	Home Address (If different from business)
Town, State, Zip _____	Street (PO Box) _____
_____	_____
Business Phone (_____) _____ - _____	_____
License # _____	Town, State, Zip _____
Email Address _____	_____
Website Address _____	Another phone we might reach you
Business References (include 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](http://www.killingworthct.com)

**Advertising rates** for the Killingworth Krier are available at the KCC website [www.killingworthct.com](http://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](mailto: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 \_\_\_\_\_