Waterbury Regional Chamber
driving business to business
Health Care Council

Membership Application

Join the Health Care Council to network with industry leaders and gain extraordinary benefits!

Name_____

Title_____

Company_____

Address_____

_____

City_____ Zip_____ Phone_____

Email_____

Briefly describe your business _____

_____

Annual Membership Fee: $50*
*(*Membership available to Waterbury Regional Chamber members only.)*

__ Check Enclosed AMEX/VISA/MC_____

Exp. Date_____ Amount_____

Billing Address_____

Signature_____

Please complete and return to:
Waterbury Regional Chamber
83 Bank Street • P.O. Box 1469 • Waterbury, CT 06721
or fax to 203-756-3507