



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*