

## **MACCE**

Maryland Association of Chamber of Commerce Executives

## 2017 MACCE Membership Application/Renewal\*

Chamber/Organization Name				
Mailing/Billing Address:				
City, State, Zip:				
Physical Address:				
Website (URL):				
Business Email:				
Phone and Fax:	PH:	Toll Free:	FAX:	
Name of primary contact :	Email:			
Name of add'tnl contact:	Email:			
Please Provide:	date established:	# employees:	# of member organization	s
	Representing how many employees?			
Description (only for new				
MACCE members):				
200 characters or less				
(attach additional sheet if				
necessary)				
Payment Information:	Investment Amount <u>\$</u>	<u>150</u> □ Che	eck enclosed   Please invo	oice

\*MACCE Membership is Limited to Chambers of Commerce run by a paid Executive

Please remit payment to the MD Chamber of Commerce, Attn: MACCE 60 West Street, Suite 100 | Annapolis, MD 21401 P (410) 269-0642 or (301) 261-2858 F (410) 269-5247

Please visit our website (www.mdchamberexecutives.org) and Facebook page for updates on meetings and events!

https://www.facebook.com/Maryland-Association-of-Chamber-of-Commerce-Executives-MACCE-157501120944769/