Birthplace of the American Dream

Membership Agreement

Company Information

Company Name:

Mailing Address:

Billing Address (if different from mailing):

City, State, Zip:

Contact Information

Name:Title:

Phone:Fax:Email:

Web URL:

Membership Category (check one)

Hotel:	❑ up to 200 rooms	❑ 201+ rooms	
Restaurant:	❑ 1-20 seats	❑ 21-50 seats	❑ 51+ seats
Retail/Business:	❑ up to 1,000 sq. ft.	❑ over 1,000 sq. ft.	
Other:	❑ Historic Site/Non-Profit	❑ Attraction/Recreation	❑ Associate Membership

Membership Investment: _____

(See Membership Dues) *please make checks payable to Discover Quincy*

Authorization

I have read and understand the information pertaining to membership in Discover Quincy, including the dues structure and membership benefits. I am authorized by the above named company to enter into this membership agreement with Discover Quincy.

Print Name _____ Signature _____ Date _____

Please return this agreement to Discover Quincy, 1250 Hancock Street, Suite 127N, Quincy, MA 02169.
For more information, contact Jennifer Logue at (617) 657-0527 or email jlogue@discoverquincy.com.