

Membership Application

19 Eaton Avenue
Norwich, NY 13815
Phone: 1-877-chenango
www.chenangony.org

Leading Business, Leading Communities

Date: _____

Firm Name: _____ Contact Person: _____

Title: _____ Chamber Representative: _____

Number of Employees: (include yourself) NOTE: 2 part time = 1 full time _____

Category of Business: _____

Location Address: _____

Telephone #: _____ Fax: _____

Mailing Address: _____

Web Site Address: _____ E-Mail Address: _____

Annual Membership: \$ _____ + \$25 Enrollment Fee = \$ _____

Why did you join The Chamber? _____

What business needs can The Chamber help you with? _____

Number of Employees	Dues Amount	Dues for 501c3 Organizations
0-4	\$230	\$185
5-14	\$296	\$237
15-24	\$337	\$269
25-34	\$388	\$310
35-49	\$541	\$432
50-75	\$663	\$510
76-124	\$918	\$510
125-249	\$2040	\$510
250-999	\$3570	\$510
1000+	\$5100	\$510

Please provide a 25 word description of your business.

- **First year in business will be discounted 50% of the appropriate rate with a copy of a DBA.**
- **First year membership will be full price, with the second year of membership being prorated.**

Credit Card Information

Master Card or VISA (please circle)

Name as it appears on card: _____

Credit Card #: _____

Expiration Date: _____ CVV Code: _____

Signature: _____