

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	\$225	\$180
5-14	\$290	\$232
15-24	\$330	\$264
25-34	\$380	\$304
35-49	\$530	\$424
50-75	\$650	\$500
76-124	\$900	\$500
125-249	\$2000	\$500
250-999	\$3500	\$500
1000+	\$5000	\$500

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: _____