



Clinton Chamber of Commerce Membership Application

Company Information

The information provided will be used on the Chamber website and/or may be used in publications.

Name of Business: _____

Contract Person
(Name/Title): _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____
Your email will be added to our distribution list for notifications and updates of Chamber related activities.

Website: _____

 _____

 _____

 _____

 _____

Number of Employees: FT PT

Business Category/Classification: (How are you listed in a directory, i.e. attorney, bank, restaurant)

Business Description (for the Chamber website):

Additional Contact(s):

Chamber events are open to all employees. Please provide us with the name of additional employees who should receive our monthly mailings and emails. Please attach a separate piece of paper if necessary.

Name/Phone/Email

Annual Membership Dues (12-month membership period):

<u>Category</u>	<u># of Employees</u>	<u>Annual Dues</u>
<input type="checkbox"/>	1 - 19	\$100
<input type="checkbox"/>	Over 19	\$200

Membership Due: \$ _____

Flower Fund Donation: \$ _____

Total Amount: \$ _____

The Flower Fund Donations go to the Clinton Garden Club to plant the beautiful flowers that we enjoy throughout the village.

Please return form with payment (payable to Clinton Chamber of Commerce, Inc.) to the following address:

Clinton Chamber of Commerce
PO Box 142
Clinton, NY 13323

Signature: _____

Date: _____

Please check one of the following:

Payment Enclosed

Pay By Credit Card

Did a Clinton Chamber member refer you to join? If so, please indicate who the member is:

Please contact Jackie Walters, Executive Director at 315-835-1735 or info@clintonnychamber.org with any questions.