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):

<table>
<thead>
<tr>
<th>Category</th>
<th># of Employees</th>
<th>Annual Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>1 – 19</td>
<td>$100</td>
</tr>
<tr>
<td>□</td>
<td>20 – 49</td>
<td>$200</td>
</tr>
<tr>
<td>□</td>
<td>50 +</td>
<td>$300</td>
</tr>
</tbody>
</table>

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  □ Visit clintonnychamber.org to 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 315-853-1735 or info@clintonnychamber.org with any questions.