



## APPLICATION FOR BUSINESS MEMBERSHIP

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
(Physical address)

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Mailing Address (If different from physical address) \_\_\_\_\_

E-mail (to receive minutes and other Chamber related notices) If more than one person, list on back.

Website \_\_\_\_\_

Contact Person \_\_\_\_\_

Category you would like your business listed under: \_\_\_\_\_

Please explain the nature of your business: \_\_\_\_\_

### Please complete all information!

Our annual membership dues are **\$60 per member if paid by August 31<sup>st</sup>**, Payments received after August 31<sup>st</sup> will be \$70. Our year runs from July 1<sup>st</sup> to June 30<sup>th</sup>.

Please send your check payable to Sidney Chamber of Commerce to:

### Sidney Chamber of Commerce

21 Liberty Street, Suite 9

Sidney, NY 13838

Date of application: \_\_\_\_\_

Email: [office@sidneychamber.org](mailto:office@sidneychamber.org) • Website: [www.sidneychamber.org](http://www.sidneychamber.org)

Phone: 607-561-2642 Fax: 607-561-2644